2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 184723

FILED Jan 08, 2003 Secretary of State

Entity Name: NORTHEAST FLORIDA TELEPHONE COMPANY

Current Principal Place of Business:				New Principal Place of Business:		
130 N 4TH ST MACCLENNY, FL 320632112 US						
Current Mailing Address:				New Mailing Address:		
PO BOX 485 MACCLENNY, FL 320630485 US						
FEI Number: 5	59-0798013	FEI Number Applied For()	FEI Number Not	Applicable () Certificate	of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name	and Address of New Regis	tered Agent:	
CONNER, LEON 130 NORTH FOURTH STREET MACCLENNY, FL 320632112 US						
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.						
SIGNATURE:						
	Electroni	ic Signature of Registered Agent		Da	ate	
	paign Financing AND DIREC1	Trust Fund Contribution ().	ADDIT	IONS/CHANGES TO OFFIC	CERS AND DIRECTORS:	
City-St-Zip: Title: Name: Address:	CONNER, LEON 130 NORTH FOU MACCLENNY, F ST () HOLLAND, EVE 130 NORTH FOU	JRTH STREET L 32063 US Delete LYN H JRTH STREET	Title: Name: Address: City-St-Z Title: Name: Address:	ST (X) Change () HOLLAND, EVELYN H 130 NORTH FOURTH STRE	ET 12 US Addition ET	
Title: Name: Address: City-St-Zip: Title: Name:	ROSS, JOHNNY HWY 82 & 29 LEWISVILLE, AI D () EASTERDAY, J/	Delete R R 71845 US Delete ANET C	City-St-Z Title: Name: Address: City-St-Z Title: Name:	D (X) Change () ROSS, JOHNNY R 120 EAST FIRST STREET LEWISVILLE, AR 71845 US D (X) Change () EASTERDAY, JANET C	Addition Addition	
Address: City-St-Zip:	130 NORTH FOU MACCLENNY, F		Address: City-St-Z	-		
Title: Name: Address: City-St-Zip:	D () CONNER, SHAN 130 NORTH FOU MACCLENNY, F	JRTH STREET	Title: Name: Address: City-St-Z		ET	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Z			

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEON CONNER PD 01/08/2003