

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90055 001 ***150.00

DOCUMENT # P98000037296

1. Entity Name

STRATEGIC CROSSING CORPORATION

Principal Place of Business

Mailing Address

125 W. ROMANA ST.,STE.224
 PENSACOLA FL 32501

125 W. ROMANA ST.,STE.224
 PENSACOLA FL 32501-5849

2. Principal Place of Business

17 West Cedar Street

3. Mailing Address

P. O. Box 12725

Suite, Apt. #, etc.

Suite #3

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

4. FEI Number

59-3507139

Applied For

Not Applicable

Zip

32501

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LOZIER, DANIEL R
 125 W. ROMANA ST.,STE.224
 PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

Alan B. Bookman

Street Address (P.O. Box Number is Not Acceptable)

30 South Spring Street

City

Pensacola,

FL

Zip Code

32501

8. 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

[Handwritten Signature]

4/25/00

Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)

TITLE **D** Delete
 NAME **BULLOCK, JOHN H. KEITH**
 STREET ADDRESS **17 E. MAIN ST, SUITE 100**
 CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SPENCER, BRIAN K**
 STREET ADDRESS **17 E. MAIN ST, SUITE 100**
 CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **Neal B. Nash**
 STREET ADDRESS **6565 North "W" Street, Suite 260**
 CITY-ST-ZIP **Pensacola, FL 32505**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **John S. Carr**
 STREET ADDRESS **17 W. Cedar Street, Suite #3**
 CITY-ST-ZIP **Pensacola, FL 32501**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DD** Change Addition
 NAME **Eric J. Nickelsen**
 STREET ADDRESS **3410 North 18th Avenue**
 CITY-ST-ZIP **Pensacola, FL 32503**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **Edward M. Chadbourne, Jr.**
 STREET ADDRESS **17 West Cedar Street, Suite #3**
 CITY-ST-ZIP **Pensacola, FL 32501**

13. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or Block 12 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]

John S. Carr 4/25/00 (850) 434-2244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25004 (0/00)