

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049164

1. Entity Name

MESSAGE ONE COMMUNICATIONS, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90196 004 ***150.00

Principal Place of Business	Mailing Address
3538 DOGWOOD VALLEY TRAIL TALLAHASSEE FL 32312	3538 DOGWOOD VALLEY TRAIL TALLAHASSEE FL 32312-3614

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3579607	Applied For
		Not Applicable

5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WILLIS, KEVIN T
3538 DOGWOOD VALLEY TRAIL
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	FIORIO, A D	NAME	
STREET ADDRESS	1841 BRIDGEMONT TRAIL	STREET ADDRESS	3934 ROYAL OAKS DRIVE
CITY-ST-ZIP	TALLAHASSEE FL 32312	CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WILLIS, KEVIN T	NAME	
STREET ADDRESS	3538 DOGWOOD VALLEY TRAIL	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: ASD FIORIO A D FIORE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00
Date

850-386-9100
Daytime Phone #

CR2E034 (9/99)