

**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

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

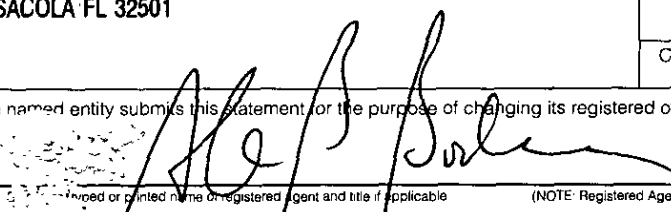
**Pensacola,**

**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



4/25/00  
 DATE

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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BULLOCK, JOHN H. KEITH</b>	
STREET ADDRESS	<b>17 E. MAIN ST, SUITE 100</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SPENCER, BRIAN K</b>	
STREET ADDRESS	<b>17 E. MAIN ST, SUITE 100</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Neal B. Nash</b>	
STREET ADDRESS	<b>6565 North "W" Street, Suite 260</b>	
CITY-ST-ZIP	<b>Pensacola, FL 32505</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>John S. Carr</b>	
STREET ADDRESS	<b>17 W. Cedar Street, Suite #3</b>	
CITY-ST-ZIP	<b>Pensacola, FL 32501</b>	
TITLE	<b>DD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Eric J. Nickelsen</b>	
STREET ADDRESS	<b>3410 North 18th Avenue</b>	
CITY-ST-ZIP	<b>Pensacola, FL 32503</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Edward M. Chadbourne, Jr.</b>	
STREET ADDRESS	<b>17 West Cedar Street, Suite #3</b>	
CITY-ST-ZIP	<b>Pensacola, FL 32501</b>	

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:**

*John S. Carr*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

Date

Daytime Phone #

CR25004 (01/00)