

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004189

1. Entity Name
AS TELECOMMUNICATIONS, INC.

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90003 016 ***550.00

Principal Place of Business

3030 N CENTRAL AVE.
STE 702
PHOENIX AZ 85012
US

Mailing Address

3030 N CENTRAL AVE.
STE 702
PHOENIX AZ 85012
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **86-0687725**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

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 *[Signature]*

* Signature, 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	<input type="checkbox"/> Delete
NAME	EDGECOMB, CHRISTOPHER	
STREET ADDRESS	223 E. DE LA GUERRA	
CITY-ST-ZIP	SANTA BARBARA CA 93101	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASEY, MARY	
STREET ADDRESS	223 E. DE LA GUERRA	
CITY-ST-ZIP	SANTA BARBARA CA 93101	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ENOS, KELLY	
STREET ADDRESS	223 E. DE LA GUERRA	
CITY-ST-ZIP	SANTA BARBARA CA 93101	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HILDEN, KENNETH	
STREET ADDRESS	223 E. DE LA GUERRA	
CITY-ST-ZIP	SANTA BARBARA CA 93101	
TITLE	VPCF	<input checked="" type="checkbox"/> Delete
NAME	ENOS, KELLY	
STREET ADDRESS	223 E. DE LA GUERRA	
CITY-ST-ZIP	SANTA BARBARA CA 93101	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAYER, KATHLEEN	
STREET ADDRESS	223 E. DE LA GUERRA	
CITY-ST-ZIP	SANTA BARBARA CA 93101	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

[Signature] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/00

Date

805 899 1962

Daytime Phone #

CR2E034 (5/00)