

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002183

1. Entity Name

FLORIDA TELE-COM TOWERS, LLC

**FILED**  
**Aug 25, 2002 8:00 am**  
**Secretary of State**

07-30-2002 90381 003 \*\*\*\*50.00

Principal Place of Business  
 25 LITTLEJOHN LANE  
 ROCKLEDGE FL 32955

Mailing Address  
 25 LITTLEJOHN LANE  
 ROCKLEDGE FL 32955

59-3628332 ✓

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

4. FEI Number **APPLIED FOR**  
 59-3628332

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

FLORIDA INCORPORATORS, INC.  
 1221 BRICKELL AVE., STE 900  
 MIAMI FL 33131

## 7. Name and Address of New Registered Agent

Name  
 Florida Incorporators, Inc.  
 Street Address (P.O. Box Number is Not Acceptable)  
 8875 Hidden River Pkwy Ste 300  
 City Tampa FL Zip Code 33637

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mark Hankins* Mark Hankins, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

## 9. MANAGING MEMBERS/MANAGERS

| TITLE | NAME            | STREET ADDRESS      | CITY-ST-ZIP        | <input type="checkbox"/> Delete |
|-------|-----------------|---------------------|--------------------|---------------------------------|
| MGR   | TYNDALL, VERNON | 25 LITTLE JOHN LANE | ROCKLEDGE FL 32955 | <input type="checkbox"/>        |
| TITLE | NAME            | STREET ADDRESS      | CITY-ST-ZIP        | <input type="checkbox"/> Delete |
| TITLE | NAME            | STREET ADDRESS      | CITY-ST-ZIP        | <input type="checkbox"/> Delete |
| TITLE | NAME            | STREET ADDRESS      | CITY-ST-ZIP        | <input type="checkbox"/> Delete |
| TITLE | NAME            | STREET ADDRESS      | CITY-ST-ZIP        | <input type="checkbox"/> Delete |
| TITLE | NAME            | STREET ADDRESS      | CITY-ST-ZIP        | <input type="checkbox"/> Delete |

## 10. ADDITIONS/CHANGES

| TITLE | NAME        | STREET ADDRESS  | CITY-ST-ZIP        | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|-------------|---|--------------------|---------------------------------|--|
| MGR   | Frank Romeo | 25 Little John Lane   | Rockledge FL 32955 | <input type="checkbox"/>        | <input checked="" type="checkbox"/>          |
| TITLE | NAME        | STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> | CITY-ST-ZIP        | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| TITLE | NAME        | STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> | CITY-ST-ZIP        | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| TITLE | NAME        | STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> | CITY-ST-ZIP        | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| TITLE | NAME        | STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> | CITY-ST-ZIP        | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |

CR2E083 (4/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Frank Romeo* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7-22-02

(770) 235-3961