## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 03, 2001 8:00 am Secretary of State **DOCUMENT # 002260** 1. Entity Name VERIZON FLORIDA INC. 04-03-2001 90100 029 \*\*\*150.00 Principal Place of Business Mailing Address 201 N. FRANKLIN ST 1255 CORPORATE DRIVE FLTC0007 SCCO4A43 TAMPA FL 33602 IRVING TX 75038 US 2. Principal Place of Business 3. Mailing Address 600 Hidden Ridge Suite, Apt. #, etc. HQE02120D Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-0397520 Irving, Texas Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 75038 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Detete VPD K Change TITLE NAME FERRELL, JOHN A NAME STREET ADDRESS STREET ADDRESS ONE TAMPA CITY CENTER CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33602** TITLE EVPD X Delete TITLE ☐ Change Addition NAME APPEL, JOHN C. NAME STREET ADDRESS STREET ADDRESS **600 HIDDEN RIDGE** CITY-ST-ZIP CITY-ST-ZIP IRVING\_TX\_\_\_\_ ☐ Addition ☐ Change ☐ Delete TITLE NAME WHITMAN, LAWRENCE R NAME STREET ADDRESS STREET ADDRESS 600 HIDDEN RIDGE CITY-ST-ZIP City-ST-ZIP **IRVING TX 75038** Change ☐ Addition TITLE Delete TITLE DROST, MARIANNE NAME NAME STREET ADDRESS STREET ADDRESS 1255 CORPORATE DRIVE CITY-ST-ZIP CITY-ST-ZIP **IRVING TX 75038** ☐ Change K Addition TITLE X Delete TITLE John P. Blanchard NAME MATELAND, L K JR NAME One Tampa City Center STREET ADDRESS **600 HIDDEN RIDGE** STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP **IRVING TX 75038** Tampa, FL 33602 TITLE X Delete TITLE ☐ Change X Addition Kimberly Caswell WHITMAN, LAWRENCE R NAME NAME One Tampa City Center STREET ADDRESS STREET ADDRESS 600 HIDDEN RIDGE CITY-ST-ZIP CITY-ST-ZIP Tampa, FL 33602 **IRVING TX 75038** 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.

Rosalvnn Christian

03/23/2001

(972) 718-2492

SIGNATURE: