

**FILED**  
**Sep 05, 2001 8:00 am**  
**Secretary of State**

06-26-2001 90394 009 \*\*\*150.00

09-05-2001 90012 031 \*\*\*400.00

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F00000005503**

1. Entity Name

MAXTEL USA, INC.

Principal Place of Business

436 LYNCHBURG AVE.  
BROOKNEAL VA 24528

Mailing Address

436 LYNCHBURG AVE.  
BROOKNEAL VA 24528

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **54-1994682**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

TCS CORPORATE SERVICES, INC.  
1405 HAYS STREET, STE #2  
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when resigning)

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	BOGGS, PATRIC	
STREET ADDRESS	436 LYNCHBURG AVENUE	
CITY-ST-ZIP	BROOKNEAL VA	

TITLE	STD	<input type="checkbox"/> Delete
NAME	MAGGI, PETER	
STREET ADDRESS	436 LYNCHBURG AVENUE	
CITY-ST-ZIP	BROOKNEAL VA	

TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	BOGGS, MANDY	
STREET ADDRESS	436 LYNCHBURG AVENUE	
CITY-ST-ZIP	BROOKNEAL VA	

TITLE	D	<input type="checkbox"/> Delete
NAME	DUNNWAY, DANNY	
STREET ADDRESS	436 LYNCHBURG AVENUE	
CITY-ST-ZIP	BROOKNEAL VA	

TITLE	D	<input type="checkbox"/> Delete
NAME	PALMER, JAMES	
STREET ADDRESS	436 LYNCHBURG AVENUE	
CITY-ST-ZIP	BROOKNEAL VA	

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

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CITY-ST-ZIP		

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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01

Date

804-376-1094

Daytime Phone

CR2E034 (10/00)