2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State
03-31-2003 90230 019 ***150.00

DOCUMENT # F01000003451

1. Entity Name
MIKO TELEPHONE COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
1 CHASE CORP. DRIVE. SUITE 490 BIRMINGHAM AL 35244	1 CHASE CORP. DRIVE. SUITE 490 BIRMINGHAM AL 35244

2. Principal Place of Business	3. Mailing Address
2100 SouthBridge Pkwy	2100 SouthBridge Pkwy
Suite, Apt. #, etc. 650	Suite, Apt. #, etc. 650
City & State Birmingham AL	City & State Birmingham AL
Zip 35209 Country	Zip 35209 Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 63-1273140 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CURRIE, MARGARET 1 CHASE CORP. DRIVE, SUITE 490 BIRMINGHAM AL 35244 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Margaret Currie 2100 SouthBridge Pkwy Birmingham AL 35209 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3-28-03 866-2787497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #