

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000001258

1. Entity Name

TENMARK TELECOMMUNICATIONS, INC.

FILED

May 03, 2000 8:00 am
Secretary of State

05-03-2000 90109 039 ***150.00

Principal Place of Business

Mailing Address

1010 HALEY RD.
MURFREESBORO TN 37129
US

1010 HALEY RD.
MURFREESBORO TN 37129-4926
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-1202425

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, BOB
10 SOUTH 4TH STREET
DEFUNIAK SPRINGS FL 32433

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 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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
ST
ROBERT DUDNEY
STREET ADDRESS
1010 HALEY RD.
CITY-ST-ZIP
MURFREESBORO TN ☐ Delete

TITLE
NAME
SECRETARY
ANNA BAIRD
STREET ADDRESS
1000 PARK DRIVE
CITY-ST-ZIP
LAWRENCE, PA 15055 ☒ Change ☐ Addition

TITLE
NAME
P
BLAKEMORE, TERRY
STREET ADDRESS
1010 HALEY RD
CITY-ST-ZIP
MURFREESBORO TN 37129 ☐ Delete

TITLE
NAME
PRESIDENT
MICHAEL ORTON
STREET ADDRESS
1010 HALEY ROAD
CITY-ST-ZIP
MURFREESBORO, TN 37129 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

4/28/00

615-890-3505

CR2E034 (9/99)