

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003093

1. Entity Name

HSI TELECOM, INC.

FILED

Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90020 047 ***150.00

Principal Place of Business

Mailing Address

916 BUTLER DRIVE
MOBILE AL 36696
US

916 BUTLER DRIVE
MOBILE AL 36693-5106
US

2. Principal Place of Business

3. Mailing Address

600 Fisher St

600 Fisher St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Mobile, AL

Mobile, AL

Zip

Country

Zip

Country

36607 US

36607 US

4. FEI Number

63-1110332

Applied For

Not Applicable

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

BRANNON, TOM
4170 SANDY BLUFF DR W
GULF BREEZE FL 32561

Name Corporation Service Co.

Street Address (P.O. Box Number is Not Acceptable)

1201 Hayes St

City

Tallahassee

FL

Zip Code

32301

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 CPST ☐ Delete
NAME JOHNSON, B. STEPHEN
STREET ADDRESS P.O. BOX 851058 N/A
CITY-ST-ZIP MOBILE AL 36685-1058

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

TITLE V ☐ Delete
NAME JOHNSON, PAMELA
STREET ADDRESS P.O. BOX 851058 N/A
CITY-ST-ZIP MOBILE AL 36685-1058

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Russell McKee CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-00
Date

334-652-6055
Daytime Phone #