

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 05, 2001 8:00 am  
Secretary of State

02-05-2001 90044 033 \*\*\*150.00

DOCUMENT # F94000003093

1. Entity Name

HSI TELECOM, INC.

Principal Place of Business

916 BUTLER DRIVE  
MOBILE AL 36695  
US

Mailing Address

916 BUTLER DRIVE  
MOBILE AL 36695  
US

2. Principal Place of Business

600 Fisher St

3. Mailing Address

600 Fisher St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mobile, AL

City & State

Mobile, AL

Zip

36607

Country

US

Zip

36607

Country

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

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

7. Name and Address of New Registered Agent

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, 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	CPST	<input type="checkbox"/> Delete
NAME	JOHNSON, B. STEPHEN	
STREET ADDRESS	P.O. BOX 851058 N/A	
CITY-ST-ZIP	MOBILE AL 36685-1058	
TITLE	V	<input type="checkbox"/> Delete
NAME	JOHNSON, PAMELA	
STREET ADDRESS	P.O. BOX 851058 N/A	
CITY-ST-ZIP	MOBILE AL 36685-1058	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	600 Fisher St	
CITY-ST-ZIP	Mobile, AL 36607	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	600 Fisher St	
CITY-ST-ZIP	Mobile, AL 36607	
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		

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

1-29-01

Date

334-652-6055

Daytime Phone #

CR2E034 (10/00)