

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90058 020 ***150.00

DOCUMENT # F94000004479

1. Entity Name

TOUCH 1 COMMUNICATIONS, INC.

Principal Place of Business

**100 BROOKWOOD DRIVE
 ATMORE AL 36502**

Mailing Address

**PO BOX 10751
 ATMORE AL 36504
 US**

2. Principal Place of Business

3. Mailing Address

601 S. Harbour Island Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#220; Attn: Tora Neil

City & State

City & State

Tampa, FL 33602

Zip

Country

Zip

Country

4. FEI Number

63-1125463

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.

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, 2002 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 ☒ Delete
D CORMAN, JAMES F
 STREET ADDRESS **100 BROOKWOOD RD**
 CITY-ST-ZIP **ATMORE AL**

TITLE NAME ☐ Change ☒ Addition
Director/President
 NAME **Slauson, Michael**
 STREET ADDRESS **100 Brookwood Road**
 CITY-ST-ZIP **Atmore, AL 36502**

TITLE NAME ☐ Delete
D SMITH, GREGG
 STREET ADDRESS **601 S. HARBOUR ISLAND BLVD**
 CITY-ST-ZIP **TAMPA FL 33602**

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

TITLE NAME ☒ Delete
S JOHNSON, MARK
 STREET ADDRESS **601 S. HARBOUR ISLAND BLVD**
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE NAME ☐ Change ☒ Addition
Director/Secretary
 NAME **Garrett, N. Dumas**
 STREET ADDRESS **601 S. Harbour Island Blvd., #220**
 CITY-ST-ZIP **Tampa, FL 33602**

TITLE NAME ☒ Delete
D JOHNSON, MARK
 STREET ADDRESS **601 S HARBOUR ISLAND BLVD**
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE NAME ☐ Change ☒ Addition
Treasurer
 NAME **Davis III, Horace J.**
 STREET ADDRESS **601 S. Harbour Island Blvd., #220**
 CITY-ST-ZIP **Tampa, FL 33602**

TITLE NAME ☒ Delete
P CORMAN, JAMES F
 STREET ADDRESS **100 BROOKWOOD RD**
 CITY-ST-ZIP **ATMORE AL 36502**

TITLE NAME ☒ Change ☒ Addition
Assistant Secretary
 NAME **Neil, Victoria**
 STREET ADDRESS **601 S. Harbour Island Blvd., #220**
 CITY-ST-ZIP **Tampa, FL 33602**

TITLE NAME ☐ Delete
VP SMITH, GREGG
 STREET ADDRESS **601 S HARBOUR ISLAND BLVD**
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE NAME ☐ 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: Victoria Neil, Assistant Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

813.233.4612

Daytime Phone #

CR2E034 (9/01)