

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000365

1. Entity Name

POWERTEL, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90012 004 ***150.00

Principal Place of Business

Mailing Address

1233 O.G. SKINNER DR
WEST POINT GA 31833
US

1233 O.G. SKINNER DR
WEST POINT GA 31833-1789
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-1944750**

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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] *[Signature]* *[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	DC	<input type="checkbox"/> Delete
NAME	LANIER, CAMPBELL B III	
STREET ADDRESS	1239 O.G. SKINNER DR.	
CITY-ST-ZIP	WEST POINT GA 31833	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, ALLEN E	
STREET ADDRESS	1233 O.G. SKINNER DR	
CITY-ST-ZIP	WEST POINT GA 31833	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	ASTOR, FRED G JR	
STREET ADDRESS	1233 O.G. SKINNER DR	
CITY-ST-ZIP	WEST POINT GA 31833	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MILLS, ROBERT K JR.	
STREET ADDRESS	1233 O.G. SKINNER DR	
CITY-ST-ZIP	WEST POINT GA 31833	
TITLE	VPC	<input type="checkbox"/> Delete
NAME	KNIGHT, TIMOTHY B	
STREET ADDRESS	1233 O.G. SKINNER DR.	
CITY-ST-ZIP	WEST POINT GA 31833	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCOTT, WILLIAM H III	
STREET ADDRESS	1239 O.G. SKINNER DR	
CITY-ST-ZIP	WEST POINT GA 31833	

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		
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM MALCOLM	
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:

[Signature] *[Signature]* *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)