

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000895

1. Entity Name

POWERTEL/JACKSONVILLE, INC.

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

03-01-2000 90012 001 ***150.00

Principal Place of Business
1233 O.G. SKINNER DR
WEST POINT GA 31833
US

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3369351**

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
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	SMITH, ALLEN	1233 O.G. SKINNER DR	WEST POINT GA 31833	<input type="checkbox"/>
DST	ASTOR, FRED G JR	1233 O.G. SKINNER DR	WEST POINT GA 31833	<input type="checkbox"/>
ASAT	MILLS, ROBERT K JR	1233 O.G. SKINNER DR	WEST POINT GA 31833	<input type="checkbox"/>
EVGM	TATOM, MICHAEL	9143 PHILLIPS HIGHWAY, STE. 400	JACKSONVILLE FL 32256	<input type="checkbox"/>
VPCS	STONER, PAUL	10050 DEERWOOD PARK BLVD.	JACKSONVILLE FL 32256	<input type="checkbox"/>
VPO	CHANDLER, TIMOTHY B	9143 PHILLIPS HIGHWAY, STE. 400	JACKSONVILLE FL 32256	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
	VT JIM MALCOLM			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: Paul G. Stoner Paul G. Stoner Treasurer/Sec. 2/22/2000 (704) 645-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)