

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006726

1. Entity Name

DIGIPH PCS, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90050 012 ***150.00

Principal Place of Business

851 SOUTH BELT LINE HWY.
SUITE 804
MOBILE AL 36606

Mailing Address

851 SOUTH BELT LINE HWY.
SUITE 804
MOBILE AL 36606-3115

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

63-1146454

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Annice Jordan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-12-00

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 VP ☐ Delete
NAME JORDAN, ANNICE
STREET ADDRESS 248 AUTUMN DRIVE
CITY-ST-ZIP SARALAND AL 35671

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

TITLE VP ☐ Delete
NAME BROWN, PAUL
STREET ADDRESS MILLRY TELEPHONE BLDG., HWY 17 N.
CITY-ST-ZIP MILLRY AL 36558

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

TITLE S ☒ Delete
NAME MACKEY, ROBERT L
STREET ADDRESS 100 W. LAUREL AVE.
CITY-ST-ZIP FOLEY AL 36536

TITLE ☐ Change ☒ Addition
NAME Secretary
ANNICE Jordan
STREET ADDRESS 248 Autumn Drive
CITY-ST-ZIP Saraland AL 36571

TITLE P ☐ Delete
NAME KAISER, DENNIS
STREET ADDRESS 8967 ESCAMBIA AVE
CITY-ST-ZIP ELBERTA AL 36530

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an other like empowered.

SIGNATURE:

Annice Jordan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-00

DATE

334 450-2100

Daytime Phone #

CR2E034 (9/99)