

FILED
Jul 18, 2001 8:00 am
Secretary of State

06-19-2001 90429 038 ***150.00
07-18-2001 90261 046 ***400.00

STATE OF FLORIDA BUSINESS REPORT (UBR)

DOCUMENT # F97000003173

1. Entity Name
CROWN FIBER COMMUNICATIONS, INC.

Principal Place of Business
**6001 LIVE OAK PKWY.
NORCROSS GA 30093**

Mailing Address
**6001 LIVE OAK PKWY.
NORCROSS GA 30093**

2. Principal Place of Business

3. Mailing Address



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **54-1612812**

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

7. Name and Address of New Registered Agent

**CAPITOL CORPORATE SERVICES, INC.
1333 N. DUVAL STREET
TALLAHASSEE FL 32303**

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, 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 | DPT | <input type="checkbox"/> Delete |
| NAME | JONES, BILLY R | |
| STREET ADDRESS | 6001 LIVE OAK PKWY. | |
| CITY-ST-ZIP | NORCROSS GA 30093 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | SEGARS, RONALD G | |
| STREET ADDRESS | 6001 LIVE OAK PARKWAY | |
| CITY-ST-ZIP | NORCROSS GA 30093 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | CRUTCHFIELD, CARL S | |
| STREET ADDRESS | 6001 LIVE OAK PKWY. | |
| CITY-ST-ZIP | NORCROSS GA 30093 | |
| TITLE | VP/D | <input checked="" type="checkbox"/> Delete |
| NAME | JONES, LAYTONA | |
| STREET ADDRESS | 6001 LIVE OAK PKWY. | |
| CITY-ST-ZIP | NORCROSS GA 30093 | |
| TITLE | Controller | <input type="checkbox"/> Delete |
| NAME | Cecilia Schoenitz | |
| STREET ADDRESS | 6001 Live Oak Pkwy | |
| CITY-ST-ZIP | Norcross, GA 30093 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|--|
| 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 | | <input type="checkbox"/> Change <input checked="" 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6801 770-449-0852

CR2E034 (10/00)

Attachment
Doc# F97000003173
C0003054



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 20, 2001

CROWN FIBER COMMUNICATIONS, INC.
6001 LIVE OAK PKWY.
NORCROSS, GA 30093

Subject: CROWN FIBER COMMUNICATIONS, INC.

Reference Number: F97000003173

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/ag

ANNUAL REPORTS SECTION

os 6-29-01