

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90148 001 ***300.00

DOCUMENT # F97000005443

1. Entity Name

US LEC OF FLORIDA INC.



Principal Place of Business

MORROCROFT III
6801 MORRISON BLVD.
CHARLOTTE NC 28211

Mailing Address

MORROCROFT III
6801 MORRISON BLVD.
CHARLOTTE NC 28211

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

56-2046424

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME COWELL, AARON D
STREET ADDRESS 6801 MORRISON BLVD.
CITY-ST-ZIP CHARLOTTE NC 28211

TITLE EVCF ☐ Delete
NAME ROBINSON, MICHAEL K
STREET ADDRESS 6801 MORRISON BLVD.
CITY-ST-ZIP CHARLOTTE NC 28211

TITLE D ☐ Delete
NAME AAB, RICHARD T
STREET ADDRESS 6801 MORRISON BLVD
CITY-ST-ZIP CHARLOTTE NC 28211

TITLE VPTS ☐ Delete
NAME GOOLEY, THOMAS R
STREET ADDRESS 6801 MORRISON BLVD.
CITY-ST-ZIP CHARLOTTE NC 28211

TITLE S ☐ Delete
NAME TURLEY, S. SHANE
STREET ADDRESS 6801 MORRISON BLVD
CITY-ST-ZIP CHARLOTTE NC 28211

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/18/05