

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90324 046 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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



☐ CHECK HERE IF MAKING CHANGES

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

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

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. 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, 2003, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVPS
MANNARA, FRED A
6801 MORRISON BLVD.
CHARLOTTE, NC 28211** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Richard T. Aab
6801 Morrison Blvd
Charlotte NC 28211** ☐ Change ☒ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
O'NEILL, KEVIN J
6801 MORRISON BLVD.
CHARLOTTE, NC 28211** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S. Shane Turley
6801 Morrison Blvd
Charlotte NC 28211** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 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

4/30/03

Date

704-319-6040

Daytime Phone #

CR2EC34 (10/02)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Attachment

80107053

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		4. FEI Number 56-2046424	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____					
FILE NOW!!! FEES: \$150.00 APRIL May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PGCC COWELL, AARON D 6801 MORRISON BLVD. CHARLOTTE, NC 28211	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	EVCF ROBINSON, MICHAEL K 6801 MORRISON BLVD. CHARLOTTE, NC 28211	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SYPS MANNARA, FRED A 6801 MORRISON BLVD. CHARLOTTE, NC 28211	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Richard T. Aab 6801 Morrison Blvd Charlotte NC 28211	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPTS GOOLEY, THOMAS R 6801 MORRISON BLVD. CHARLOTTE, NC 28211	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPS O'NEILL, KEVIN J 6801 MORRISON BLVD. CHARLOTTE, NC 28211	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	S S. Shane Turley 6801 Morrison Blvd Charlotte NC 28211	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/30/03 704-319-6040 <small>Date Daytime Phone #</small>		

CR2E034 (10/02)