

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001575

1. Entity Name

STRATEGIC TELECOM FLORIDA, INC.

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90012 013 ***150.00

Principal Place of Business	Mailing Address
3721 NORTH ASH STREET SPOKANE WA 99205	3721 NORTH ASH STREET SPOKANE WA 99205-2602

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number	91-1946262	Applied For	Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~FARROW, NORMAN~~
~~12413 STILLWATER TERRACE DRIVE~~
~~TAMPA FL 33624~~

Name **Jerry Morris**
Street Address (P.O. Box Number is Not Acceptable)
202 CACTUS FLOWER LANE
City **Sun City CENTER** FL Zip Code **33602**

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 Jerry Morris	Jerry Morris	DATE 1-20-00
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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	PC	<input type="checkbox"/> Delete
NAME	SEACHRIS, HARLAN E	
STREET ADDRESS	WEST 1721 EUCLID	
CITY-ST-ZIP	SPOKANE WA 99205	
TITLE	WC	<input type="checkbox"/> Delete
NAME	MAY, JOHN	
STREET ADDRESS	179 CHELSEA CLOISTERS/SLOANE AVE/LONDON	
CITY-ST-ZIP	ENGLAND SW3 3DR U.K.	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCNAIR, STEWART	
STREET ADDRESS	5 THE LINKS/BURLEIGH ROAD/ASCOT	
CITY-ST-ZIP	BERKSHIRE U.K.	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input 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: H. Paul Seachris	DATE: 1-20-00	DAYTIME PHONE: 5093279508
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CR2E034 (9/99)