

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003723

1. Entity Name
NUSTAR TELEPHONE CO. INC.

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90091 012 ***558.75

Principal Place of Business Mailing Address
5440 PEACHTREE IND. BLD. **5440 PEACHTREE IND. BLD.**
CHAMBLEE GA 30341 **CHAMBLEE GA 30341**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
945 Windy Hill Rd. 2nd **945 Windy Hill Rd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
2nd Floor **2nd Floor**

City & State City & State
Smyrna, GA **Smyrna, GA**
 Zip Country Zip Country
30080 **Cobb** **30080** **Cobb**

4. FEI Number Applied For
58-2140198 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

MACALUSO, JOE
225 AIRSOSA BLVD.
PORT ST. LUCEY FL 34953

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 *Joe Macaluso* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	CP MACALUSO, JOE 1328 SURREY LANE MARIETTA GA 30008	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCS PASHLEY, BRUCE 436 COVE DRIVE MARIETTA GA 30067	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PATTON, JOE 1033 HAWK CREEK TRAIL LAWRENCEVILLE GA 30043	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROUP, ALLEN 5791 COUSIN ST. AUSTELL GA 30168	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRADLEY, JULIE 1328 SURREY LANE MARIETTA GA 30008	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joe Macaluso* Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (5/00)