

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90015 042 ***150.00

0617692 AT

DOCUMENT # F99000005721

1. Entity Name

ENHANCED GLOBAL CONVERGENCE SERVICES, INC.

Principal Place of Business

**45 HIGH STREET
NASHUA NH 03060**

Mailing Address

**45 HIGH STREET
NASHUA NH 03060**

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

02-0510272

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.

SIGNATURE

Signature, typed or printed name, 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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
WILKINSON, PHILIP A
45 HIGH STREET
NASHUA NH 03060** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCD
FAIL, JOSEPH D
P.O. BOX 925
BAY SPRINGS MS 39422** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
FRANK, WALTER J JR.
236 EAST CAPITOL STREET
JACKSON MS 39201** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
HEALEA, ROBERT J
236 EAST CAPITOL STREET
JACKSON MS 39201** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
CLARK, CLOYCE C JR.
3016 LINCOLN COURT
GARLAND TX 75041** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
SKELTON, D. WAYNE
236 EAST CAPITOL STREET
JACKSON MS 39201** ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02

Date

601-354-9070

Daytime Phone #

CR2E034 (9/01)