

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005800

1. Entity Name

EMPIRE TELECOM SERVICES, INC.

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90075 044 \*\*\*158.75

Principal Place of Business

Mailing Address

9040 ROSWELL ROAD, SUITE 480  
ATLANTA GA 30350

9040 ROSWELL ROAD, SUITE 480  
ATLANTA GA 30350-1877

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE D-  
4501 CIRCLE 75 PKWY 4210

Suite, Apt. #, etc.

SUITE  
4501 CIRCLE 75 PKWY D-4210

City & State

ATLANTA, GA

City & State

ATLANTA, GA

Zip

30339

Country

USA

Zip

30339-3025

Country

USA

4. FEI Number

58-2503223

APPLIED FOR

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.

SIGNATURE

Signature, typed or printed name of 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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

CD  
WOULFIN, WILLIAM S  
9040 ROSWELL ROAD, SUITE 480  
ATLANTA GA 30350

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

4501 CIRCLE 75 PARKWAY SUITE D-4210  
ATLANTA, GA 30339

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PSD  
SMITH, W. DALE  
9040 ROSWELL ROAD, SUITE 480  
ATLANTA GA 30350

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

4501 CIRCLE 75 PARKWAY SUITE D-4210  
ATLANTA, GA 30339

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD  
THOMAS, ALAN B JR.  
9040 ROSWELL ROAD, SUITE 480  
ATLANTA GA 30350

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

4501 CIRCLE 75 PARKWAY SUITE D-4210  
ATLANTA, GA 30339

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN B. THOMAS, JR.

3-9-00

404-659-9500

Date

Daytime Phone #

CR2E034 (9/99)