

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**  
 08-08-2000 90026 013 \*\*\*550.00

DOCUMENT # F99000006219

1. Entity Name  
**BROADSLATE NETWORKS OF FLORIDA, INC.**

Principal Place of Business  
 585 LOBLOLLY LANE  
 CHARLOTTEVILLE VA 22903

Mailing Address  
 585 LOBLOLLY LANE  
 CHARLOTTEVILLE VA 22903

2. Principal Place of Business  
**675 PETER JEFFERSON PARKWAY**  
 Suite, Apt. #, etc.  
**SUITE 310**  
 City & State  
**CHARLOTTEVILLE VA**  
 Zip  
**22911** Country  
**USA**

3. Mailing Address  
**675 PETER JEFFERSON PARKWAY**  
 Suite, Apt. #, etc.  
**SUITE 310**  
 City & State  
**CHARLOTTEVILLE VA**  
 Zip  
**22911** Country  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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 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 \$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACKENZIE, EARLE A 3420 AUBUSON TRACE ALPHARETTA GA 30202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ZIRKLE, WALTER M 585 LOBLOLLY LANE CHARLOTTEVILLE VA 22903	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOERING, DONALD A 585 LOBLOLLY LANE CHARLOTTEVILLE VA 22903	<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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
850 WARLEY ROAD EARLYSVILLE, VA 22936	
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
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:

**EARLE MACKENZIE**

**7/28/2000**

**804-220-7700**

CR2E034 (5/00)