## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED May 17, 2001 8:00 am Secretary of State DOCUMENT # **H04905** 05-17-2001 90398 028 \*\*\*150.00 HIGH SPEED NET SOLUTIONS, INC. Principal Place of Business Mailing Address 1201 HAYS STREET 1201 HAYS STREET TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 766673 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0185306 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. € CJE() TITLE TITLE Delete NAME NAME FOX, ANDREW Fayetteville St., Ste. 600 STREET ADDRESS STREET ADDRESS TWO HANOVER SQ., S-600.434 FAYETTEVILLE MAL 27601 CITY-ST-ZIP CITY-ST-ZIP RALIEGH NC 27601 CHICEL | Change X Addition TITLE TITLE ☐ Delete D NAME NAME SEIFERT, RICK Fayetheulle St STREET ADDRESS STREET ADDRESS TWO HANOVER SQ., S-600,434 FAYETTEVILLE MAL CITY-ST-ZIE CITY-ST-ZIP RALEIGH NC 27601 ☐ Addition □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

GNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Date

Daytime Phone #

Change

☐ Addition