

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90361 014 ***158.75

DOCUMENT # H71216

1. Entity Name

NEFCOM TECHNOLOGIES, INC.

Principal Place of Business

% TOWNES TELECOMMUNICATIONS SERVICES CORP
283 E. SHUEY AVE.
MACLENNY FL 32063

Mailing Address

P.O. BOX 544
MACLENNY FL 32063

2. Principal Place of Business

130 N. Fourth Street

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 485

Suite, Apt. #, etc.

City & State

Macclenny, FL

City & State

Macclenny, FL

Zip

32063-2112

Country

US

Zip

32063-0485

Country

US

4. FEI Number

59-2586300

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONNER, LEON
130 N. FOURTH STREET
MACLENNY FL 32063-2112

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 \$150.00
After MAY 1, 2001 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 **D** ☐ Delete
NAME **ROSS, JOHNNY R**
STREET ADDRESS **HWY 82 & 29**
CITY-ST-ZIP **LEWISVILLE AR 71845**

TITLE **PD** ☐ Delete
NAME **CONNER, LEON**
STREET ADDRESS **130 NORTH FOURTH STREET**
CITY-ST-ZIP **MACLENNY FL 32063**

TITLE **D** ☐ Delete
NAME **EASTERDAY, JANET C**
STREET ADDRESS **130 NORTH FOURTH STREET**
CITY-ST-ZIP **MACLENNY FL 32063**

TITLE **D** ☐ Delete
NAME **CONNER, SHANNON D**
STREET ADDRESS **130 NORTH FOURTH STREET**
CITY-ST-ZIP **MACLENNY FL 32063-2112**

TITLE **S** ☐ Delete
NAME **HOLLAND, EVELYN H**
STREET ADDRESS **130 NORTH FOURTH STREET**
CITY-ST-ZIP **MACLENNY FL 32063-2112**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE **S/T** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
(NOTE CHANGE IN TITLE)

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

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:

Leon Conner

Leon Conner

2/13/01

(904) 259-0620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)