

# 2001 UNIFORM BUSINESS REPORT (UBR)

0006421 AF

**DOCUMENT #** L00000002183  
 1. Entity Name  
**FLORIDA TELE-COM TOWERS, LLC**

FILED .

01 MAR 28 PM 2:11

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
 25 LITTLEJOHN LANE 25 LITTLEJOHN LANE  
 ROCKLEDGE FL 32955 ROCKLEDGE FL 32955



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number  Applied For  Not Applicable  
 5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**FLORIDA INCORPORATORS, INC.**  
 1221 BRICKELL AVE., STE 900  
 MIAMI FL 33131

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME	MGR <input checked="" type="checkbox"/> Delete TRALONGO, CATHERINE
STREET ADDRESS	3223 BAYLEY PASSAGE
CITY-ST-ZIP	DULUTH GA 30097
TITLE NAME	MGR <input type="checkbox"/> Delete TYNDALL, VERNON
STREET ADDRESS	25 LITTLE JOHN LANE
CITY-ST-ZIP	ROCKLEDGE, FLORIDA 32955
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	200003992132 <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	-04/11/01--01074--002
CITY-ST-ZIP	*****55.00 *****55.00
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: VERNON TYNDALL *Vernon Tyndall* 20 MAR 01 241-1386  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)