| 2000 UNIFORM BUSINESS REPORT (UBR) | | | | | | |
|---|---|------------------------------------|--------------------------------------|---|--|--|
| DOCUMENT # L9900001234 | | | | | | |
| TELE PAGE COMMUNICATIONS, L.L.C. | | | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS | | |
| | · | | | CO MAR - 3 AN 11: 04 | | |
| Principal Place of Business Mailing Address 9611 SAN JOSE BLVD 9611 SAN JOSE BLVI | | | | | | |
| JACKSONVILLE FL 32257 | | JACKSONVILLE FL 32257-5433 | | | | |
| | | - y | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | I (BRUCH) OLA IOLIO COLL ODLU ODLU ODLU ODLU ODLU ODLU ODLU O | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | | |
| City & State | | City & State | | 4. FEI Number Applied For Not Applicable | | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired Status Desired Fee Required | | |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name | | | | | | |
| FUTCH, EDWARD | | | Stre | eet Address (P.O. Box Number is Not Acceptable) | | |
| 9611 SAN JOSE BLVD JACKSONVILLE FL 32257 | | | | | | |
| | | | City | 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 | | | | | | |
| FILE NOW!!! FEE IS \$50.00 | | | | | | |
| | | Make Check Pay | able to Dep | partment of State | | |
| 9. TITLE | MANAGING MEMBI | | 10. TITLE | ADDITIONS/CHANGES | | |
| NAME STREET ADDRESS CITY- ST- 21P | FUTCH, EDWARD 873 ORANGEWOOD RD JACKSONVILLE FL 32259 | ' | NAME STREET ADDR CITY- ST- ZIP | | | |
| TITLE | | Delete | TITLE | | | |
| NAME STREET ADDRESS | | | NAME STREET ADDS | -03/22/0001047008 | | |
| CITY-ST-ZIP TITLE | | Deteto | CITY-8T-ZIP TITLE | P | | |
| NAME STREET ADDRESS City-St-Zip | | | NAME STREET ADDR City-St-Zip | | | |
| TITLE NAME | - | Detete | TITLE | 🗋 Change 🗌 Addition | | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDR | | | |
| TITLE | | Deletu | TITLE | Change AddItion | | |
| NAME STREET ADDSESS | · · · | | NAME STREET ADDA | RESS | | |
| CITY- &T- ZIP TITLE | | Detete | CITY-ST-ZIP TITLE | P Change Addition | | |
| NAME STREET ADDRESS | | | NAME 8treet addr | RE\$\$. | | |
| CITY- 81- ZIP | portify that the information supplied with | this filing does not qualify for t | CITY - ST- ZIP | P | | |
| 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: EduSieNATUBELREQUIREEdward Futch 3-1-2000 (904) 886-0601 | | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Davime Phone # | | | | | | |