

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007497

1. Entity Name  
MILES COMMUNICATIONS, L.C.

Principal Place of Business  
1116 THOMASVILLE ROAD, SUITE D  
TALLAHASSEE FL 32303

Mailing Address  
1116 THOMASVILLE ROAD, SUITE D  
TALLAHASSEE FL 32303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
59-364933 APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAHAM, WILLIAM B  
101 N. GADSDEN STREET  
TALLAHASSEE FL 32301

Name *William B. Graham*  
Street Address (P.O. Box Number is Not Acceptable)  
*315 South Monroe Street*  
*Suite 600*  
City *Tallahassee* FL Zip Code *32301*

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

4000004423374--6

06/18/01--01005--003

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MILES, KEITH  
2901-B PAR LANE  
TALLAHASSEE FL 32301 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KEATING, PATRICK  
309 SARATOGA DRIVE  
TALLAHASSEE FL 32312 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
LICKSON, WILLIAM  
2337 BRAEBURN CIRCLE  
TALLAHASSEE FL 32308 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
GRANT, REGINALD  
2023 SADDLE BROOKE DRIVE  
TALLAHASSEE FL 32303 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
JONES ADAMS, VERESA  
457 WHITE DR. #A-4  
TALLAHASSEE FL 32304 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Jones-Adams, Veresa*  
*5902 Blue Beech Place*  
*Tallahassee, FL 32319* ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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: \_\_\_\_\_

*Signature of William B. Graham*

4/26/01 850-224-1647

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CR2E083 (11/00)