

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

M00000002027

1. Entity Name

Switch & Data FL Four LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 18 PM 2:03

Principal Place of Business

Mailing Address

Meridian Bldg,
326 Fern St.
West Palm Beach, FL

1715 N. West Shore Blvd. #650
Tampa, FL 33607

2. Principal Place of Business

3. Mailing Address

1715 N. West Shore Blvd. #650

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#650

City & State

City & State

Tampa, FL 33607

Zip

Country

Zip

Country

4. FEI Number

59-3668868

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

Corporation Service Company
1201 Hays St.
Tallahassee, FL 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

100004653371--6

-10/25/01--01029--012

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME
MGRM
Switch & Data Facilities ☐ Delete
Company LLC
STREET ADDRESS
1715 N. West Shore Blvd. #650
CITY-ST-ZIP
Tampa, FL 33607

TITLE NAME
xxx ☐ Change ☐ Addition
STREET ADDRESS
Suite 650
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
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TITLE NAME
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)(l), 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:

George A. Pollock, Jr.

George A. Pollock, Jr. CFO/VP 10/15/01

813-207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone 7700

CR2E083 (11/00)