

2001 UNIFORM BUSINESS REPORT (UBR)

003122 AB

DOCUMENT # M00000002401

1. Entity Name

SKYTALKWEST TELECOM, LLC

FILED

01 JAN 29 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

425 WATER STREET, P.O. BOX 5192
KETCHIKAN AK 99901

Mailing Address

425 WATER STREET, P.O. BOX 5192
KETCHIKAN AK 99901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

92-1067139

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASHCRAFT, JOE
234 ALMOND AVENUE
FORT LAUDERDALE FL 33316

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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGRM ASHCRAFT, JOE
STREET ADDRESS 425 WATER STREET, P.O. BOX 5192
CITY-ST-ZIP KETCHIKAN AK 99901

TITLE NAME ☐ Change ☐ Addition
800003631988-9
-02/05/01--01009--007
*****50.00 *****50.00

TITLE NAME ☐ Delete
MGRM MATHISON, BRIAN
STREET ADDRESS 425 WATER STREET, P.O. BOX 5192
CITY-ST-ZIP KETCHIKAN AK 99901

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
MGRM LARSON, DALE
STREET ADDRESS 5106 FULLER STREET
CITY-ST-ZIP SOUTHFIELD MI 48076

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
MGRM MATHISON, KEVIN
STREET ADDRESS 234 ALMOND AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

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

Date

Daytime Phone #

CR2E083 (11/00)