

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90313 001 ****50.00

DOCUMENT # M020000000033

1. Entity Name

VIRTUAL ACCESS PARTNERS, LLC



Principal Place of Business

**2100 SOUTHRIDGE PARKWAY, STE 650
BIRMINGHAM AL 35209**

Mailing Address

**2100 SOUTHRIDGE PARKWAY, STE 650
BIRMINGHAM AL 35209**

2. Principal Place of Business

2100 Southridge Parkway

3. Mailing Address

2100 Southridge Parkway

Suite, Apt. #, etc.

Suite 650

Suite, Apt. #, etc.

Suite 650

City & State

Birmingham, AL

City & State

Birmingham, AL

Zip

35209

Country

USA

Zip

35209

Country

USA

6. Name and Address of Current Registered Agent

**MICHAEL, CHARLES S
7892 MUD LAKE ROAD
MACCLENLY FL 32063**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MG Km JASON WAYNE HARRISON 244 WYNLORE DRIVE MONTICELLO, AL 35115	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGM WILLIAM SCHMALING 30 CATTARAUGUS AVENUE -APT 315 MURKIN, NJ 07960	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGM BARBARA NELSON POTTS 5641 8TH AVENUE SOUTH SHAM, AL 35212	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

BARBARA NELSON POTTS

SIGNATURE REQUIRED

1-17-2003

(205) 591-6446

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

Date

Daytime Phone #

CR2E083 (10/02)