

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90185 024 ***150.00

06/22/02 MB

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1. Entity Name
FIBER OPTIC SPECIALISTS, INC.



Principal Place of Business
151 31ST AVENUE NORTH
ST. CLOUD MN 56303

Mailing Address
151 31ST AVENUE NORTH
ST. CLOUD MN 56303



2. Principal Place of Business

3. Mailing Address

1556 Bluejay Rd
Suite, Apt. #, etc.

1556 Bluejay Rd
Suite, Apt. #, etc.

City & State

City & State

Climax Springs, MO

Climax Springs, MO

Zip
65324

County

Zip
65324

Country

4. FEI Number **59-3618004**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALLMAN, WILLIAM H III
503 EAST JEFFERSON STREET
BROOKSVILLE FL 34601

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
CARROLL, KENNETH
151 31ST AVE NORTH
SAINT CLOUD MN 56303 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1556 Bluejay Rd
Climax Springs, MO 65324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
CARROLL, JOANNE
151 31ST AVE N
SAINT CLOUD MN 56303 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1556 Bluejay Rd
Climax Springs, MO 65324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
JOANNE CARROLL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-03
Date

(573) 345-3018
Daytime Phone #

CR2E034 (10/02)