

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91837 020 \*\*\*150.00

DOCUMENT # **P000000029845**

1. Entity Name  
**ADVANCED TELECOMMUNICATIONS  
AND NETWORKING TECHNOLOGIES, INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**4850 ST. JAMES AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**300 FIFTH AVE SOUTH**  
Suite, Apt. #, etc.  
**SUITE 101-456**

City & State  
**TITUSVILLE FL**

City & State  
**NAPLES FL**

Zip  
**32780**

Country

Zip  
**34102**

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**62-1807641**

Applied For  
☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name  
**WATTS, RENITH**

Street Address (P.O. Box Number Is Not Acceptable)  
**4850 ST. JAMES AVENUE**

City  
**TITUSVILLE**

FL

Zip Code  
**32780**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when raising) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SIM JOHNSON, CHAIRMAN #20 JUSTICE LANE CONWAY, AR 72032</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WARREN LOGAN, PRESIDENT 105 TECUMSEH TRAIL JACKSONVILLE AR 32076</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RON DAVIS, TREASURER 311 BOBWHITE LONOKE AR 72086</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JESSIE BAKER, SECRETARY 7408 TOLTEC DRIVE NORTH LITTLE ROCK AR 72116</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MARAIN STOWE VICE PRES. 3906 NORTH BOBOLINK OZARK MO 65721</b>
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-21-03**  
Date

Daytime Phone #

CR2E034B (12/02)