

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90324 030 ***150.00

DOCUMENT # P00000033463

1. Entity Name

FLORIDA FIBER NETWORKS, INC.

Principal Place of Business

**912 E. NEW HAVEN AVE.
MELBOURNE FL 32901**

Mailing Address

**912 E. NEW HAVEN AVE.
MELBOURNE FL 32901**

2. Principal Place of Business

610 Crescent Executive Ct.

3. Mailing Address

610 Crescent Executive Ct.

Suite, Apt. #, etc.

Suite 110

Suite, Apt. #, etc.

Suite 110

City & State

Lake Mary, FL

City & State

Lake Mary, FL

Zip

32746

Country

Seminole

Zip

32746

Country

Seminole

4. FEI Number

59-3635464

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WICKLINE, GRANVILLE
3130 TURTLEMOUND RD.
MELBOURNE FL 32934**

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.

SIGNATURE

Granville Wickline

Granville Wickline, Director

4/20/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WICKLINE, GRANVILLE	
STREET ADDRESS	3130 TURTLEMOUND AVE.	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C/T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carl Bagwel	
STREET ADDRESS	1055 Pebble Beach Circle	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William M. Blackmer	
STREET ADDRESS	450 Golf Brook Lane #200	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don L. Copeland, Sr.	
STREET ADDRESS	10731 SE River Ridge Ct.	
CITY-ST-ZIP	Tequesta, FL 33469	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack Baldwin	
STREET ADDRESS	7100 South Highway 17-92	
CITY-ST-ZIP	Fern Park, FL 32730	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce Boyd	
STREET ADDRESS	311 W. Indiantown Rd. #7	
CITY-ST-ZIP	Jupiter, FL 33458	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas R. Thompson	
STREET ADDRESS	2930 Waverly Place Dr.	
CITY-ST-ZIP	Dacula, GA 30019	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph M. Krusick

Joseph M. Krusick

4/20/01

407-804-6399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0076172

Attachment

Doc. # P00000033463
750467

2001 Uniform Business Report (UBR)

Document #P00000033463

Florida Fiber Networks, Inc.

Supplemental Attachment

Box 12. Additions/Changes to Officers and Directors in 11 ☒ - Addition

Title	Chief Financial Officer
Name	Joseph M. Krusick
Street Address	1500 Wyngate Drive
City-St-Zip	Deland, FL 32724