

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90036 043 ***150.00

DOCUMENT # P00000033463

1. Entity Name

FLORIDA FIBER NETWORKS, INC.

Principal Place of Business

Mailing Address

**610 CRESCENT EXECUTIVE CT.
 SUITE 110
 LAKE MARY FL 32746**

**610 CRESCENT EXECUTIVE CT.
 SUITE 110
 LAKE MARY FL 32746**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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*

04/17/02

-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.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	P10 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WICKLINE, GRANVILLE	NAME	Thomas R. Thompson
STREET ADDRESS	3130 TURTLEMOUND AVE.	STREET ADDRESS	2930 Waverly Place Drive
CITY-ST-ZIP	MELBOURNE FL 32934	CITY-ST-ZIP	Dacula, GA 30019
TITLE	CTS <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAGWEL, CARL	NAME	Samuel Longley
STREET ADDRESS	1055 PEBBLE BEACH CIRCLE	STREET ADDRESS	1012 Wimbledon Drive
CITY-ST-ZIP	WINTER SPRINGS FL 32708	CITY-ST-ZIP	Melbourne, FL 32904
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLACKNER, WILLIAM M	NAME	Jason Steele
STREET ADDRESS	450 GOLF BROOK LANE #200	STREET ADDRESS	P.O. Box 3714
CITY-ST-ZIP	LONGWOOD FL 32779	CITY-ST-ZIP	Indiantonic, FL 32903
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COPELAND, DON L	NAME	Richard A. Merrigan
STREET ADDRESS	10731 SE RIVER RIDGE CT	STREET ADDRESS	4800 Bass Place Road
CITY-ST-ZIP	TEQUESTA FL 33469	CITY-ST-ZIP	Orlando, FL 32820
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDWIN, JACK	NAME	
STREET ADDRESS	7100 SOUTH HIGHWAY 17-92	STREET ADDRESS	
CITY-ST-ZIP	FERN PARK FL 32730	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYD, BRUCE	NAME	
STREET ADDRESS	311 W. INDIANTOWN RD. #7	STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33458	CITY-ST-ZIP	

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: *Granville Wickline*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/02

Date

407-804-6399

Daytime Phone #

CR2E034 (9/01)