

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90021 027 \*\*\*158.75

**DOCUMENT # P00000069908**

1. Entity Name  
**T3 METROCOM, INC.**

Principal Place of Business      Mailing Address  
**5202 WILLING STREET      5202 WILLING STREET**  
**MILTON FL 32570      MILTON FL 32570**

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 **59-3660082**      Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**WHITE, CHERYL R**  
**5202 WILLING STREET**  
**MILTON FL 32570**

**7. Name and Address of New Registered Agent**

Name **Paul E. Printiss**  
 Street Address (P.O. Box Number is Not Acceptable) **5202 Willing Street**  
 City **Milton**      FL      Zip Code **32570**

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 *Paul E. Printiss*      Paul E. Printiss, Secretary/Treasurer      DATE 3/11/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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**

TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>WHITE, RANDAL R</b>
STREET ADDRESS	<b>5170 ANNIE RUTH ST</b>
CITY-ST-ZIP	<b>MILTON FL 32570</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FAIRCLOTH, GENE O</b>
STREET ADDRESS	<b>23 WEINING DR</b>
CITY-ST-ZIP	<b>LULING LA 70070</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>NORRIS, MARK J</b>
STREET ADDRESS	<b>1433 DEER TR</b>
CITY-ST-ZIP	<b>HUBERTUS WI 53033</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>C/O</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>4184 Madura East</b>
CITY-ST-ZIP	<b>Gulf Breeze, FL 32563</b>
TITLE	<b>P/O</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>S/T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Paul E. Printiss</b>
STREET ADDRESS	<b>3617 Tiger Point Blvd.</b>
CITY-ST-ZIP	<b>Gulf Breeze, FL 32563</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Paul E. Printiss*      3/11/02      850-623-3770  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)