

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90149 018 ***150.00

DOCUMENT # P00000107405

1. Entity Name
FASTNET COMMUNICATION SERVICES, INC.



Principal Place of Business
500 MALDONADO DR
PENSACOLA BCH FL 32561

Mailing Address
500 MALDONADO DR
PENSACOLA BCH FL 32561

2. Principal Place of Business

1385 WINDSOR PK RD

3. Mailing Address

1385 WINDSOR PK RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GULF BREEZE, FL

City & State

GULF BREEZE, FL

Zip

32563

Country

SANTA ROSA

Zip

32563

Country

SANTA ROSA

4. FEI Number

59-3680273

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

HARGROVE, CHARLES L
500 MALDONADO DR
PENSACOLA BCH FL 32561

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 Charles L. Hargrove CHARLES L. HARGROVE PRESIDENT 3/27/03
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 D ☐ Delete
NAME HARGROVE, CHARLES L
STREET ADDRESS 500 MALDONADO DR
CITY-ST-ZIP PENSACOLA BCH FL 32561

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

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: Charles L. Hargrove CHARLES L. HARGROVE 850 932 3281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3/27/03 Daytime Phone #

CR2E034 (10/02)