

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90987 010 ***158.75

DOCUMENT # P01000014574

1. Entity Name
RICHLAND TELECOM TOWERS, INC.



Principal Place of Business
**4890 W. KENNEDY BLVD., STE. 850
TAMPA FL 33609**

Mailing Address
**4890 W. KENNEDY BLVD., STE. 850
TAMPA FL 33609**

11022370



2. Principal Place of Business
**4890 West Kennedy Blvd.
Suite 920
Tampa, FL 33609-1863**

3. Mailing Address
**4890 West Kennedy Blvd.
Suite 920
Tampa, FL 33609-1863**

☒ CHECK HERE IF MAKING CHANGES

Zip Country **USA** Zip Country **USA**

4. FEI Number **59-3704271** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WEST, DALE A
4890 W. KENNEDY BLVD., STE. 850
TAMPA FL 33609**

7. Name and Address of New Registered Agent

Name
F&L CORP.
Street Address (P.O. Box Number is Not Acceptable)
**THE GREENLEAF BUILDING
200 LAURA STREET, 3RD FLOOR
JACKSONVILLE, FL 32202-3510** Zip Code **FL**

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 *[Signature]* F&L Corp
By: R.J. Wolfe, V.P. 4/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BRAY, JOHN H 4890 W. KENNEDY BLVD., STE. 850 TAMPA FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ATKINSON, NIEL 4890 W. KENNEDY BLVD. STE 850 TAMPA FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV ROSS, SAMUEL K 4890 W. KENNEDY BLVD. STE 850 TAMPA FL 33609	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WEST, DALE A 4890 W. KENNEDY BLVD. STE 850 TAMPA FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILKINSON, J. CURT 4890 W. KENNEDY BLVD. STE 850 TAMPA FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREEN, DANIEL B 4890 W. KENNEDY BLVD. STE 850 TAMPA FL 33609	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PB DV John H. Bray 4890 W. Kennedy Blvd., Ste. 920 Tampa, FL 33609-1863	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Niel S. Atkinson 4890 W. Kennedy Blvd., Ste. 920 Tampa, FL 33609-1863	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Secretary Matthew J. Bray 4890 W. Kennedy Blvd, Ste. 920 Tampa, FL 33609-1863	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PB VT Dale A. West 4890 W. Kennedy Blvd., Ste. 920 Tampa, FL 33609-1863	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V J. Curt Wilkinson 4890 W. Kennedy Blvd., Ste. 920 Tampa, FL 33609-1863	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **REQUIRED Asst VP** 4-25-03 (813) 286-4140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)