FILED

## 2002 Uniform Business Report (UBR)

changed, or on an attachment with an a

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

## Apr 11, 2002 8:00 am DOCUMENT # P01000028987 Secretary of State 1. Entity Name FLORIDA TELESTRATEGIES, INC. 04-11-2002 90927 001 \*\*\*300 00 Principal Place of Business Mailing Address 3325 THOMASVILLE RD., STE. C 3325 THOMASVILLE RD., STE. C TALLAHASSEE FL 32312 TALLAHASSEE FL 32312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number Not Applicable 02-0569588 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARKS, JOHN R III Street Address (P.O. Box Number is Not Acceptable) 3325 THOMASVILLE RD., STE. C TALLAHASSEE FL 32312 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. Contraction of the second section of SIGNATURE. 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. . . . (9/01)TITLE ☐ Delete TITLE Change ☐ Addition D/C MARKS, JOHN R III NAME NAME Marks, John R., III CR2E034 STREET ADDRESS STREET ADDRESS 3713 BOBBIN BROOK EAST 3713 Bobbin Brook East CITY-ST-7IP CITY-ST-7IP TALLAHASSEE FL 32312 Tallahassee, FL 32312 ☐ Delete TITLE TITLE Change ■ Addition P/D Christopher, Kevin NAME CHRISTOPHER, KEVIN NAME 913 Andover Green STREET ADDRESS STREET ADDRESS 913 ANDOVER GREEN CITY-ST-7IP CITY-ST-7IP **LEXINGTON KY 40509** Lexington, KY 40509 - Chànge X Addition TITLE ---- Delete - - -TITLE -V/D Greubel, David NAME NAME STREET ADDRESS STREET ADDRESS 7921 Mallard Hill Drive CITY-ST-ZIP CITY-ST-ZIP Tallahassee, FL 32309 ☐ Change TITLE ☐ Delete TITLE K Addition CFO/D NAME NAME Burney, Mickey STREET ADDRESS STREET ADDRESS 3605 Sandy Plains Road, Suite 240-199 CITY-ST-ZIP CITY-ST-7JP Marietta, GA 30066 TITI F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ng does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied indicated on this report or supplemental report of the corporation or the receiver or truster.