

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT #

1. Entity Name

PO 1000088606
TIBURON TELECOM, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV 13 PM 2:35

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1630-C OLD BAINBRIDGE RD

3. Mailing Address

3539 APALACHEE PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#159

DO NOT WRITE IN THIS SPACE

City & State

City & State

TALLAHASSEE FL

TALLAHASSEE FL

Zip

Country

Zip

Country

32303

USA

32311

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ANTIGONE E. MONTGOMERY

Street Address (P.O. Box Number is Not Acceptable)

3539 APALACHEE PKWY

STE. 159

City

TALLAHASSEE

FL

Zip Code

32311

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/13/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
A.E. MONTGOMERY
CEO / PRESIDENT
3539 APALACHEE PKWY #159
TALLAHASSEE, FL 32311

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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4000008973104
11/13/02--01027--030 **\$61.25

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/13/02

CR2E034B (12/01)