

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90159 040 ***550.00

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DOCUMENT # P02000052137

1. Entity Name
EDISON TELEPHONE, INC.



Principal Place of Business
**1516 JACKSON ST
FT MYERS FL 33901**

Mailing Address
**1516 JACKSON ST
FT MYERS FL 33901**



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

56-2288702

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**HOSTING-NETWORK, INC.
1516 JACKSON ST
FT MYERS FL 33901**

7. Name and Address of New Registered Agent

Name **Bonnie L Johnson**
Street Address **1516 Jackson St**
City **Ft Myers** **FL** Zip Code **33901**

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 typed or printed name of registered agent, officer, or director

(NOTE: Registered Agent, officer, or director must sign)

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	P	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, KIM F	
STREET ADDRESS	1516 JACKSON ST	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SAID, FATHI	
STREET ADDRESS	1516 JACKSON ST	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, TRAVIS	
STREET ADDRESS	1516 JACKSON ST	
CITY-ST-ZIP	FT MYERS FL 33901	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" 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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DPST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bonnie L Johnson	
STREET ADDRESS	1516 Jackson St	
CITY-ST-ZIP	Ft Myers FL 33901	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

Laura Johnson Secretary

Signature typed or printed name of signing officer or director

04-01-2003

05-21-2003

Daytime Phone #

CR2E034 (10/02)