

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P21649

1. Entity Name

METROPOLITAN FIBER SYSTEMS OF FLORIDA, INC.

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90064 044 \*\*\*150.00

Principal Place of Business

Mailing Address

~~615 E AMITE ST~~  
~~JACKSON MS 39201 2702~~  
~~435~~

1133 19 ST NW  
SEPT 8408  
WASHINGTON DC 20036-3604  
US

2. Principal Place of Business

500 Clinton Center Dr.

3. Mailing Address

Suite, Apt. Clinton, MS 39056

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-3635783

Applied For

Not Applicable

Zip

Country

US

Zip

Country

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

NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS BERNARD J EBBERS  
CITY-ST-ZIP ~~615 E AMITE ST~~  
JACKSON MS 39201

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 500 Clinton Center Dr.  
CITY-ST-ZIP Clinton, MS 39056

TITLE ☐ Delete  
NAME VPC  
STREET ADDRESS NAGEL, WALTER  
CITY-ST-ZIP 1133 19 ST NW  
WASHINGTON DC 20036

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

TITLE ☐ Delete  
NAME STR  
STREET ADDRESS SCOTT D SULLIVAN  
CITY-ST-ZIP ~~615 E AMITE ST~~  
JACKSON MS 39201

TITLE ☒ Change ☐ Addition  
NAME NO LONGER DIR  
STREET ADDRESS 500 Clinton Center Dr.  
CITY-ST-ZIP Clinton, MS 39056

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Walter Nagel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter Nagel

Date

4/24/00

Daytime Phone #

202-736-6000

V.P. & Gen. Tax Counsel

CR2E034 (9/93)