

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90209 035 ***150.00

DOCUMENT # P21649

1. Entity Name
METROPOLITAN FIBER SYSTEMS OF FLORIDA, INC.



Principal Place of Business
**500 CLINTON CENTER DR
CLINTON MS 39056
US**

Mailing Address
**1133 19 ST NW
WASHINGTON DC 20036
US**

11033815



2. Principal Place of Business

22001 LOUDOUN COUNTY PKWY

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.
DEPT. 8408

☒ CHECK HERE IF MAKING CHANGES

City & State

ASHBURN

VA

City & State

4. FEI Number **36-3635783**

Applied For
Not Applicable

Zip

20147

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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	PD BERNARD J EBBERS 500 CLINTON CENTER DR CLINTON MS 39056	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC NAGEL, WALTER 1133 19 ST NW WASHINGTON DC 20036	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCOTT D SULLIVAN 500 CLINTON CENTER DR CLINTON MS 39056	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SEE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ATTACHED	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LIST	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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:

MICHAEL SALSBERY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/03 (202) 736-6362

CR2E034 (10/02)

Attachment
P212419
11033815

OFFICERS LIST

METROPOLITAN FIBER SYSTEMS OF FLORIDA, INC.

President & CEO

Michael Capellas
22001 Loudoun County Pkwy.
Ashburn, VA 20147

Vice President & Treasurer

Susan Mayer
22001 Loudoun County Pkwy.
Ashburn, VA 20147

Secretary

Michael Salsbury
22001 Loudoun County Pkwy.
Ashburn, VA 20147

DIRECTOR

Michael Capellas
22001 Loudoun County Pkwy.
Ashburn, VA 20147