

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P21915

1. Entity Name

SKYTEL COMMUNICATIONS, INC.

FINAL REPORT
WITHDRAWN

FILED

00 APR 27 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

200 S. LAMAR ST., SUITE 400
STE. 1000
JACKSON MS 39225-2469
US

Mailing Address

P.O. BOX 2469
1000
JACKSON MS 39225-2469
US

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

64-0518209

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYES STREET
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

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HUDSON, TERRI	
STREET ADDRESS	200 S LAMAR ST	
CITY-ST-ZIP	JACKSON MS 39201	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	BHAGAT, JAI P.	
STREET ADDRESS	200 S. LAMAR ST., STE. #900	
CITY-ST-ZIP	JACKSON MS	
TITLE	T	<input type="checkbox"/> Delete
NAME	FERGUSON, THOMAS R	
STREET ADDRESS	200 S. LAMAR ST. ,STE 900	
CITY-ST-ZIP	JACKSON MS	
TITLE	S	<input type="checkbox"/> Delete
NAME	KRISS, LEONARD G.	
STREET ADDRESS	200 S. LAMAR ST.	
CITY-ST-ZIP	JACKSON MS	
TITLE	P	<input type="checkbox"/> Delete
NAME	STUPKA, JOHN T	
STREET ADDRESS	200 S LAMAR ST	
CITY-ST-ZIP	JACKSON MS 39201	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALTER NAGEL	
STREET ADDRESS	1133 19TH STREET, N.W. WASH. D.C. 20036	
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
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter Nagel

Date

Daytime Phone #

V.P. & Gen. Tax Counsel

CR2E034 (9/99)

KE