

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000054397

1. Entity Name

SOUTHERN TELECOM COMMUNICATIONS, INC.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90093 033 ***150.00

Principal Place of Business Mailing Address
6706 BENJAMIN ROAD P.O. BOX 274122
STE 100 TAMPA FL 33688
US

2. Principal Place of Business 3. Mailing Address
5602 Thompson Center Ct.
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 400
City & State City & State
Tampa, Florida
Zip Country Zip Country
33634 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3200916 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
COLVIN, HERBERT
4214 CARROLWOOD VILLAGE DR
TAMPA FL 33624
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P COLVIN, CAROLE M 4214 CARROLWOOD VILLAGE DR TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Carole M. Colvin / Carole M. Colvin 1/8/01 813/880.0932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

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