2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9400065385 Apr 18, 2000 8:00 am 1. Entity Name Secretary of State TELEPHONE & DATA INC. 04-18-2000 90065 006 ***150.00 Principal Place of Business Mailing Address 2946 HARNGE RD. 2946 HARNGE RD. AVON PARK FL 33909-1534 AVON PARK FL 33825 NOU AUNGU 3. Mailing Address 2. Principal Place of Business 1401 DE 10th Terrace 1402 NE 10th 1em DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0514569 Not Applicable A De Country \$8.75 Additional 5. Certificate of Status Desired <u>33909</u> Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent LOWERY, ROBERT L SR. Street Address (P.O. Box Number is Not Acceptable 2946 HARNGE RD. AVON PARK FL 33825 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution (See criteria on back) Make Check Payable to Department of State ADDITIONS " "NGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. President, X Change ■ Addition ☐ Delete TITLE owry Se. LOWERY SR., ROBERT L NAME 402 NEWOON Terrock STREET ADDRESS STREET ADDRESS 2259 LAURREL LANE CITY-ST-ZIP CITY-ST-ZIP N. FORT MEYERS FL 33917 ☐ Change ☐ Addition SVP Delete TITLE TITLE LIVINGSTON, TINA NAME NAME STREET ADDRESS 2946 HARNAGE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AVON PARK FL 33825 Change X Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP □ Addition Change TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYNES OR PRINTED NAME OF SIGNIN

G OFFICER OR DIRECTO