2002 UNIFORM BUSINESS REPORT (UBR)

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Date

Mar 07, 2002 8:00 am Secretary of State DOCUMENT # P94000073844 1. Entity Name TY'S TELECOMMUNICATIONS, INC. 03-07-2002 90060 030 ***150.00 Principal Place of Business Mailing Address P.O. BOX 1761 ROUTE 3. BOX 260 BUCKEYE, HIGHWAY 30 **BUCKEYE. HIGHWAY 30 PERRY FL 32348 PERRY FL 32347** 2. Principal Place of Business 3. Mailing Address One Buckeye Drive DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3271902 Not Applicable Perry, FI \$8.75 Additional Country Zip -5. - Certificate of Status Desired - - - 🖃 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Scott, Morris T. SCOTT, MORRIS T Street Address (P.O. Box Number is Not Acceptable) One Buckeye Drive ROUTE 3, BOX 260 **BUCKEYE, HIGHWAY 30** City Perry Zip Code **PERRY FL 32347** 32348 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. , 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 i 11. OFFICERS AND DIRECTORS 12. **☆**Change Addition TITLE ☐ Delete TITLE D NAME NAME SCOTT, MORRIS T Scott, Morris T. STREET ADDRESS STREET ADDRESS 4019 SID HENDRY ROAD 4159 Sid Hendry Rd. CITY-ST-ZIP CITY-ST-ZIP **PERRY FL 32347** Perry, FL 32348 ☐ Addition □ Change ☐ Delete TITLE TITLE D NAME NAME SCOTT, LISA A Scott, Lisa A. STREET ADDRESS STREET ADDRESS 4019 SID HENDRY RD 4159 Sid Hendry Rd. CITY-ST-ZIP CITY-ST-ZIE PERRY FL 32347. Perry, FL 32348 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. Thereby 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

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