

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/2

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90009 025 \*\*\*150.00

**DOCUMENT # P95000041641**

1. Entity Name

**COMMUNICATIONS ACCESS CORPORATION**

Principal Place of Business

Mailing Address

3728 PHILIPS HWY  
 STE 44  
 JACKSONVILLE FL 32216

3728 PHILIPS HWY  
 STE 44  
 JACKSONVILLE FL 32207-6840

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 **59-3356211**

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

**COX, JAMES C JR**  
**3728 PHILIPS HWY**  
**STE 44**  
**JACKSONVILLE FL 32207**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	COX, JR. J	
STREET ADDRESS	3728 PHILIPS HWY STE 44	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	Zebooni SAL DIRECTOR	<input type="checkbox"/> Delete
NAME	3728 Philips Hwy Ste 44	
STREET ADDRESS	Jacksonville, FL 32207	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

*James C. Cox Jr.* Jim Cox Jr.

Date

Daytime Phone #

3-27-00

CR2E034 (9/99)