

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000016511**1. Entity Name  
**NEFCOM INTERNET, INC.****FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90361 012 \*\*\*158.75

## Principal Place of Business

**% TOWNES TELECOMMUNICATIONS SERVICES CORP**  
**283 E. SHUEY AVE.**  
**MACCLENNY FL 32063**  
**US**

## Mailing Address

**PO BOX 544**  
**MACCLENNY FL 32063**  
**US****816549**

DO NOT WRITE IN THIS SPACE

## 2. Principal Place of Business

**130 N. Fourth Street**  
Suite, Apt. #, etc.

## 3. Mailing Address

**P. O. Box 485**  
Suite, Apt. #, etc.

## City &amp; State

**Maccleddy, FL**

## City &amp; State

**Maccleddy, FL**

## 4. FEI Number

**59-3425075**

## Applied For

Not Applicable

## Zip

**32063-2112**

## Country

**US**

## Zip

**32063-0485**

## Country

**US**5. Certificate of Status Desired ☒**\$8.75 Additional**  
**Fee Required**

## 6. Name and Address of Current Registered Agent

**CONNER, LEON**  
**130 N FOURTH ST**  
**MACCLENNY FL 32063-2112**

## 7. Name and Address of New Registered Agent

## 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, 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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROSS, JOHNNY R</b>	
STREET ADDRESS	<b>HWY 82 &amp; 29</b>	
CITY-ST-ZIP	<b>LEWISVILLE AR 71845</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>CONNER, LEON</b>	
STREET ADDRESS	<b>130 N FOURTH ST</b>	
CITY-ST-ZIP	<b>MACCLENNY FL 32063</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>EASTERDAY, JANET C</b>	
STREET ADDRESS	<b>130 N FOURTH ST</b>	
CITY-ST-ZIP	<b>MACCLENNY FL 32063</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CONNER, SHANNON D</b>	
STREET ADDRESS	<b>130 N FOURTH ST</b>	
CITY-ST-ZIP	<b>MACCLENNY FL 32063</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>HOLLAND, EVELYN H</b>	
STREET ADDRESS	<b>130 N FOURTH ST</b>	
CITY-ST-ZIP	<b>MACCLENNY FL 32063</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	<b>S/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>(NOTE CHANGE IN TITLE)</b>	
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

**Leon Conner****2/13/01**

Date

**(904) 259-0620**

Daytime Phone #

CR2E034 (10/00)