

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90445 025 \*\*\*150.00

**DOCUMENT # P96000045450**

1. Entity Name  
**ADVANCED COMMUNICATIONS AND TOWER, INC.**



Principal Place of Business  
**10321 EDENDALE ROAD  
CANTONMENT FL 32533**

Mailing Address  
**P.O. BOX 17614  
PENSACOLA FL 32522**



2. Principal Place of Business  
**9344 Bell Ridge Dr.**

3. Mailing Address  
**10 Industrial Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Pensacola**

City & State  
**Pensacola FL**

4. FEI Number **59-3380163**

Applied For  
☐ Not Applicable

Zip **FL** Country **USA**

Zip **32503** Country **USA**

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

## 6. Name and Address of Current Registered Agent

**CROSBY, ELMER R  
10321 EDENDALE ROAD  
CANTONMENT FL 32533**

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Vicki B. Johnson VP**

**Vicki B. Johnson**

DATE

**2/7/03**

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**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **CROSBY, ELMER R**  
STREET ADDRESS **10321 EDENDALE ROAD**  
CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE **VP** ☐ Delete  
NAME **JOHNSON, VICKI B**  
STREET ADDRESS **9344 BELL RIDGE DR**  
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Vicki B. Johnson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/5/03 (850) 418-2108**

CR2E034 (10/02)