

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000066339

1. Entity Name

NEFCOM PCS, INC.

FILED
Feb 18, 2000 8:00 am
Secretary of State

02-18-2000 90108 001 ***317.50

Principal Place of Business

Mailing Address

130 N FOURTH ST
MACCLENLY FL 32063-2112
US

PO BOX 485
MACCLENLY FL 32063-0485
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3425137

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CONNER, LEON
130 N FOURTH ST
MACCLENLY FL 32063-2112

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

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
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" 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	

ADD ZIP CODE 32063

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: *Leon Conner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leon Conner

1/06/00

(904) 259-0620

Date

Daytime Phone #

CR2E034 (9/99)