2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State
04-24-2000 90103 017 ***150.00

DOCUMENT # P96000067574

1. Entity Name

COASTAL TELE-COM OF WEST FLORIDA, INC.

Principal Place of Business	Mailing Address
949 BAYSHORE DR TARPON SPRINGS FL 34689 US	949 BAYSHORE DR TARPON SPRINGS FL 34689-2410 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1810 MARINER DRIVE	1000 DEREK LANE
Suite, Apt. #, etc. APT #107	Suite, Apt. #, etc.
City & State TARPON SPRINGS, FL	City & State OLDSMAR, FL
Zip 34689 Country USA	Zip 34677 Country USA

4. FEI Number 59-3402057 ☐ 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
MCDONALD, BARBARA 949 BAYSHORE DR TARPON SPRINGS FL 34689	Name SARA RIFFLE Street Address (P.O. Box Number is Not Acceptable) 1000 DEREK LANE City OLDSMAR FL Zip Code 34677

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 Sara Riffle 1/10/00
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 NAME STREET ADDRESS CITY-ST-ZIP	P MCDONALD, ROBERT A 949 BAYSHORE DR TARPON SPRINGS FL 34689	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OLIVE, WILLIAM R 28050 U.W. HWY. 19, #303 CLEARWATER FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OLIVE, WILLIAM R. 1000 DEREK LANE OLDSMAR FL 34677	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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] ROBERT A McDONALD 4/10/00 813-854-4838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #