## 2002 Uniform Business Report (UBR)

SIGNATURE: X

## Apr 03, 2002 8:00 am § Secretary of State DOCUMENT # P96000083327 1. Entity Name J-COMM TELEPHONE AND COMMUNICATIONS SYSTEMS, INC Principal Place of Business Mailing Address 3379 GREENBRIAR CIRCLE 3379 GREENBRIAR CIRCLE SUITE A SUITE A **GULF BREEZE FL 32561-2805** GULF BREEZE FL 32561-2805 2. Principal Place of Business 3. Mailing Address *3379* Greendriar Circle 3379 GREENBRIAR CIRCLE DO NOT WRITE IN THIS SPACE uiTE P 4. FEI Number Applied For 59-3401942 REFZE. Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHNSON, MARTIN A Street Address (P.O. Box Number is Not Acceptable) 3379 GREENBRIAR CIRCLE SUITE A GULF BREEZE FL 32561-2865 32563 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees. Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition CR2E034 (9/01) NAME JOHNSON, MARTIN A NAME STREET ADDRESS 3379 GREENBRIAR CIRCLE #A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL** TITLE ☐ Addition VP. ☐ Delete TITLE ☐ Change NAME JOHNSON, G.W. NAME STREET ADDRESS STREET ADDRESS 32619 MERCIER RD CITY-ST-7IP CITY-ST-7IP DENHAM SPRINGS LA TITLE ☐ Delete TITLE ☐ Change Addition NAME JOHNSON, CHRISTINE F. NAME STREET ADDRESS 3379 GREENBRIAR CIR #A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GULF BREEZE-FL-☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

Tohusau-President 03280