

2000 UNIFORM BUSINESS REPORT (UBR)

5.

DOCUMENT # P97000007599

1. Entity Name

BAYLOR TELECOMMUNICATIONS, INC.

R

FILED
Jun 27, 2000 8:00 am
Secretary of State

05-30-2000 90084 021 ***150.00

Principal Place of Business

6840 SPRING STREET
COCOA FL 32927

Mailing Address

6840 SPRING STREET
COCOA FL 32927-3961

2. Principal Place of Business

6840 SPRING ST

Suite, Apt. #, etc.

3. Mailing Address

6840 SPRING ST

Suite, Apt. #, etc.

City & State

COCOA FLORIDA

City & State

FLORIDA

Zip

32927

Country

USA

Zip

32927

Country

USA

4. FEI Number

APPLIED FOR

59-3652052

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TAYLOR, VICTOR
6840 SPRING STREET
COCOA FL 32927

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TAYLOR, VICTOR
6840 SPRING STREET
COCOA FL 32927 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BAKER, CLYDE
800 NORTH FISKE BLVD. #74
COCOA FL 32922 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-00

Date

321-633-7561

Daytime Phone #

CR2E034 (9/99)