

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019907

1. Entity Name

SUWANNEE VALLEY INTERNET CONNECTIONS, INC.

Principal Place of Business

Mailing Address

409 N MAIN ST
TRENTON FL 32693

P O BOX 2147
TRENTON FL 32693

2. Principal Place of Business

409 A. North Main St.

3. Mailing Address

P.O. Box 2147

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Trenton,

City & State

FL.

Zip

32693

Country

Germany

Zip

32693

Country

Germany

4. FEI Number

59-3435585

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

LINDSEY, C D
409 N MAIN ST
TRENTON FL 32693

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	LINDSEY, CHARLES D	
STREET ADDRESS	819 SW 103 ST	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINDSEY, CHARLES D JR	
STREET ADDRESS	P O BOX 344 N/A	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINDSEY, CAROLYN J	
STREET ADDRESS	819 S W 103 ST	
CITY-ST-ZIP	GAINESVILLE FL 32693	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 links empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-01

Date

352-463-1137

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90109 028 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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