

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000071902**

1. Entity Name

SIX X TELECOM CORP.

Principal Place of Business

2302 E. EDGEWOOD DR.
LAKELAND FL 33803
US

Mailing Address

P.O. BOX 8706
LAKELAND FL 33806
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3464008**

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**RICHARSON, KEN
2025 SYLVESTER RD. 0-4
LAKELAND FL 33803

Name

Street Address (P.O. Box Number is Not Acceptable)

6801 CRESCENT OAKS CIR

City
LAKELAND

FL

Zip Code
33813

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 State10. 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 **P** ☐ Delete
NAME **RICHARDSON, KEN**
STREET ADDRESS **6801 CRESCENT OAKS CIR**
CITY-ST-ZIP **LAKELAND FL 33803**TITLE **VP** ☒ Change ☐ Addition
NAME **RICHARDSON, KEN**
STREET ADDRESS **6801 CRESCENT OAKS CIR**
CITY-ST-ZIP **LAKELAND FL 33813**TITLE **VP** ☐ Delete
NAME **RICHARDSON, JACQUE**
STREET ADDRESS **6801 CRESCENT OAKS CIR**
CITY-ST-ZIP **LAKELAND FL 33803**TITLE **P** ☒ Change ☐ Addition
NAME **RICHARDSON, JACQUE**
STREET ADDRESS **6801 CRESCENT OAKS CIR**
CITY-ST-ZIP **LAKELAND FL 33813**TITLE ☐ Delete
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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 like empowered.

SIGNATURE:*Jacque Richardson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACQUE RICHARDSON 2/15/01

Date

863-667-4467

Daytime Phone #

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90026 025 ***150.00

B001702C

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)