

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084965

1. Entity Name  
LOCAL TELEPHONE COMPANY, INC.

**FILED**  
**Mar 23, 2001 8:00 am**  
**Secretary of State**

03-23-2001 90017 031 \*\*\*150.00

Principal Place of Business

1101 GULF BREEZE PKWY  
109  
GULF BREEZE FL 32561

Mailing Address

1101 GULF BREEZE PKWY  
109  
GULF BREEZE FL 32561

2. Principal Place of Business

1101 GULF BREEZE PKWY

Suite, Apt. #, etc.

SUITE 1

City & State

GULF BREEZE, FL 32561

Zip

32561

Country

USA

3. Mailing Address

1101 GULF BREEZE PKWY

Suite, Apt. #, etc.

SUITE 1

City & State

GULF BREEZE F 32561

Zip

32561

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3508341

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

BROWN, FRANK  
33 GULF BREEZE PARKWAY  
GULF BREEZE FL 32561

Name

BROWN, FRANK

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

1101 GULF BREEZE PKWY

SUITE 1

City

GULF BREEZE

FL

Zip Code

32561

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
BROWN, FRANK  
33 GULF BREEZE PKWY  
GULF BREEZE FL 32561

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PRESIDENT  
BROWN, FRANK  
1101 GULF BREEZE PKWY SUITE 1  
GULF BREEZE, FL. 32561

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK A. BROWN 3/6/01 934-6444

Date

Daytime Phone #

CR2E034 (10/00)