

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000089494

1. Entity Name

ALTERNATIVE ACCESS TELEPHONE COMMUNICATIONS CORP

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90052 032 ***158.75

Principal Place of Business
2863 NORTHLAKE BOULEVARD
LAKE PARK FL 33403

Mailing Address
2863 NORTHLAKE BOULEVARD
LAKE PARK FL 33403

700119



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **65-0787450**
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

CLARKE, KEVIN D
2863 NORTHLAKE BLVD.
LAKE PARK FL 33403

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

1/4/01

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	PD	<input type="checkbox"/> Delete
NAME	CLARKE, KEVIN D	
STREET ADDRESS	2863 NORTHLAKE BOULEVARD	
CITY-ST-ZIP	LAKE PARK FL 33403	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CLARKE, CLIFTON L	
STREET ADDRESS	2863 NORTHLAKE BOULEVARD	
CITY-ST-ZIP	LAKE PARK FL 33403	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CLARKE, NANCY C	
STREET ADDRESS	2863 NORTHLAKE BOULEVARD	
CITY-ST-ZIP	LAKE PARK FL 33403	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CLARKE, CAREN E	
STREET ADDRESS	2863 NORTHLAKE BOULEVARD	
CITY-ST-ZIP	LAKE PARK FL 33403	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CLARKE, CATI M	
STREET ADDRESS	2863 NORTHLAKE BOULEVARD	
CITY-ST-ZIP	LAKE PARK FL 33403	
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		
CITY-ST-ZIP		
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		
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/01

Date

561-841-8020

Daytime Phone #

CR2E034 (10/00)