

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91370 025 ***150.00

DOCUMENT # P97000091365

1. Entity Name

NETWORK TELEPHONE CORPORATION



Principal Place of Business

**815 S PALAFOX ST
PENSACOLA FL 32501
US**

Mailing Address

**815 S. PALAFOX PLACE
PENSACOLA FL 32501
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 **59-3477521**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOZIER, DANIEL R
.125 W. ROMANA ST., STE. 224
PENSACOLA FL 32501**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	RUSSENBERGER, RAY	
STREET ADDRESS	815 S PALAFAX ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	KENNEDY, DANYELLE	
STREET ADDRESS	815 S PALAFAX ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	COO	<input type="checkbox"/> Delete
NAME	ODDO, VINNIE	
STREET ADDRESS	815 S PALAFAX ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	EV	<input type="checkbox"/> Delete
NAME	EMLING, CHARLES	
STREET ADDRESS	815 S PALAFAX ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFO	<input checked="" 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	CAO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	EVP of Sales	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Greg Clay	
STREET ADDRESS	815 S. Palafox St.	
CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	EVP of Engineering	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	mark miller	
STREET ADDRESS	815 South Palafox St.	
CITY-ST-ZIP	Pensacola, FL 32501	

12. 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 10 or Block 11 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

4/24/03 (850) 432-4855

Date

Daytime Phone #

CR2E034 (10/02)