2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000095596**

RIGDON TELECOMMUNICATION SERVICES, INC.

SIGNATURE:

Principal Place of Business Mailing Address 38300 CRYSTAL LANE 38300 CRYSTAL LANE **UMATILLA FL 32784-7910** LIMATILLA FL 32784 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State 59-3477473 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RIGDON, JOAN D Street Address (P.O. Box Number is Not Acceptable) 38300 CRYSTAL LANE UMATILLA FL 32784 Zip Code FL 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 (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9." This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 131 11 12 Addition ☐ Change TITLE Delete TITLE RIGDON, STEPHEN L NAME 38300 CRYSTAL LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **UMATILLA FL 32784** ☐ Change Delete Addition TITLE TITLE RIGDON, JOAN D NAME NAME STREET ADDRESS 38300 CRYSTAL LANE STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP **UMATILLA FL 32784** ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

May 12, 2000 8:00 am Secretary of State

05-12-2000 90091 002 ***158.75