## **FILED 2002 UNIFORM BUSINESS REPORT (UBR)** May 20, 2002 8:00 am Secretary of State DOCUMENT # P98000007029 1. Entity Name 05-20-2002 90092 050 \*\*\*150 00 BIG BEND TOWERS, INC. Mailing Address Principal Place of Business 2808 REMINGTON GREEN CIRCLE 2808 REMINGTON GREEN CIRCLE STE 200 STE 200 TALLAHASSEE FL 32303 TALLAHASSEE FL 32303; US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3492475 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AUSLEY, MARGARET B Street Address (P.O. Box Number is Not Acceptable) 316 EAST JEFFERSON STREET TALLAHASSEE FL 32303 City Zip Code FI 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE AUSLEY, DANIEL M 7808 Remington Greencir N. Stead Tallamossee, A. 32308 STREET ADDRESS STREET ADDRESS 1114 THOMASVILLE RD STE W CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32303 hange ☐ Delete TITLE TITLE NAME NAME HARVELL, BRADLEY S 2808 Remington Green CIT N Stc 200 STREET ADDRESS STREET ADDRESS 1114 THOMASVILLE RD STE W CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Change TITLE ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

OUD TYPED OF

Date Daytime Phone #

CR2E034 (9/01)