

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90064 032 \*\*\*150.00

DOCUMENT # P98006014755

1. Entity Name

TALLNET INTERNET SERVICES INC

Principal Place of Business

Mailing Address

3141 Kings Dr  
 Panama City, FL 32405

3141 Kings Dr  
 Panama City, FL 32405

2. Principal Place of Business

3. Mailing Address

3141 Kings Dr  
 Suite, Apt. #, etc.

3141 Kings Dr  
 Suite, Apt. #, etc.

City & State

City & State

Panama City, FL

Panama City, FL 32405

Zip

Country

Zip

Country

32405 USA

32405 USA

4. FEI Number

Applied For

Not Applicable

59-3490749

5. Certificate of Status Desired

\$8.75 Additional  
 Fee Required

7. Name and Address of New Registered Agent

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

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 11, 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

VT  
 Margaret A. Higgins  
 3141 Kings Dr  
 Panama City, FL 32405

Change

Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change

Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change

Addition

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 STREET ADDRESS  
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Change

Addition

TITLE  
 NAME  
 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 like empowered.

SIGNATURE: Margaret A. Higgins (Margaret A. Higgins)

4/24/01

850-763-512K

Daytime Phone #

CR20034 (11/00)