## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 15, 2000 8:00 am Secretary of State DOCUMENT # **P98000021846** 1. Entity Name T.I.C. TELECOM, INC. 03-15-2000 90025 028 \*\*\*150.00 Principal Place of Business Mailing Address 3256 BUMPNOSE ROAD 3256 BUMPNOSE ROAD MARIANNA FL 32446 MARIANNA FL 32446-8212 2. Principal Place of Business 3. Mailing Address 4477 JACKSON St. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3501183 MARIANNA, FI, Zip Country Not Applicable MARIANNA \$8.75 Additional SAME AS LAST SAME AS LAST JEAR - OTHER THAN LOCATION & THAN LOCATION & MAILING ADDRESSE MAILING Z2448 Fee Required v Registered Agent 6. Name and Address of Current Registered Agent BONDURANT, FRANK E ·le) 4450 LAFAYETTE STREET MARIANNA FL 32446 Zip Code vida. 8. The above named entity submits this statement for the purpose of change SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE 9. This corporation is eligible to satisfy its Intangible FILE N \$5.00 May Be noing After MAY Tax filing requirement and elects to do so. Added to Fees (See criteria on back) Make Check Pa FFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ☐ Change Addition ☐ Delete TITLE MILES, ALBERT D NAME STREET ADDRESS STREET ADDRESS 3256 BUMPNOSE ROAD CITY-ST-ZIP CITY-ST-ZIP MARIANNA FL 32446 ☐ Addition TITLE Change TITLE Delete MILES, WESLEY C NAME NAME STREET ADDRESS STREET ADDRESS POST OFFICE BOX 865 CITY-ST-ZIP CITY-ST-ZIP MARIANNA FL 32447 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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. Ey C. M. 155 3/9/00 850-526

SIGNATURE: