

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000051798

1. Entity Name

SOUTHERN STATES TELEPHONE, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90083 013 ***150.00

Principal Place of Business

Mailing Address

6355 METROWEST BLVD.
SUITE 450
ORLANDO FL 32835

6355 METROWEST BLVD.
SUITE 450
ORLANDO FL 32835-6206

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3518412

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREEMAN, PATRICK
124 OLYMPUS DR.
OCOE FL 34761

Name

Joseph Kearney

Street Address (P.O. Box Number is Not Acceptable)

6355 Metrowest Blvd.

Suite 450

City

Orlando

FL

Zip Code

32835

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 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME FREEMAN, PATRICK
STREET ADDRESS 124 OLYMPUS DR.
CITY-ST-ZIP OCOEE FL 34761 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD
NAME KEARNEY, JOSEPH J
STREET ADDRESS 135 FOREST RD.
CITY-ST-ZIP MOUNTAIN TOP PA 18707 ☐ Delete

TITLE PSTD
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-313-7050

CR2E034 (9/99)