

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # **798000055067**

1. Entity Name

SkyLynx Communications (Tampa), Inc.

00 JUN -5 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1511 N. Westshore Blvd.,
Suite 280
Tampa, FL 33607

Mailing Address
600 South Cherry Street
Suite 400
Denver, CO 80246

2. Principal Place of Business
600 South Cherry Street
Suite, Apt. #, etc.
400

3. Mailing Address
600 South Cherry Street
Suite, Apt. #, etc.
400

DO NOT WRITE IN THIS SPACE

City & State
Denver

City & State
Denver

4. FEI Number
84-1360029

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Corporation Service Company
1201 Hayes Street
Tallahassee, FL 32301

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 _____ (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 NAME STREET ADDRESS CITY - ST - ZIP	P/D Jeffery A. Mathias 600 South Cherry Street, Suite 400 Denver, CO 80246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Ned Abell 600 South Cherry Street, Suite 400 Denver, CO 80246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/T James E. Maurer 600 South Cherry Street, Suite 400 Denver, CO 80246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: James E. Maurer James E Maurer, CFO 06/01/00 303-316-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

100003276331-9



ACCOUNT NO. : 072100000032

REFERENCE : 717800 7191148

AUTHORIZATION :

Patricia Pizzuto

COST LIMIT : \$ 558.75

ORDER DATE : June 1, 2000

ORDER TIME : 11:21 AM

ORDER NO. : 717800-005

CUSTOMER NO: 7191148

CUSTOMER: Becky Milanio, Corp Paralegal
Inforum Communications, Inc.
1738 Union Street

San Francisco, CA 94123

ANNUAL REPORT FILING

NAME: SKYLYNX COMMUNICATIONS
(TAMPA) INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: *Janine Lazzarini*

EXAMINER'S INITIALS: _____

RECEIVED
00 JUN -5 PM 12:15
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA