

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90031 050 ***158.75

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000063235

1. Entity Name

SKY FIBER COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

SE 41ST COURT
 Ocala FL 34480

5480 SE 41ST COURT
 Ocala FL 32569-2272

2. Principal Place of Business

3. Mailing Address

538 E. Timberlake Dr.
 Suite, Apt. #, etc.

538 E. Timberlake Dr.
 Suite, Apt. #, etc.

City & State

City & State

Mary Esther, FL

Mary Esther, FL

Zip

Country

Zip

Country

32569-2272 USA

32569-2272 USA

4. FEI Number

59-3523782

Applied For

Not Applicable

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

LEON, ROSENDO J
 5480 SE 41ST COURT
 Ocala FL 34480

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 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 | DPT | <input type="checkbox"/> Delete |
| NAME | LEON, ROSENDO J | |
| STREET ADDRESS | 5480 SE 41ST COURT | |
| CITY-ST-ZIP | OCALA FL 34480 | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | MCGOWEN, ANGELA P | |
| STREET ADDRESS | P.O. BOX 2682 N/A | |
| CITY-ST-ZIP | BELLEVIEW FL 34421 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LEON, CLARA | |
| STREET ADDRESS | 5480 SE 41ST COURT | |
| CITY-ST-ZIP | OCALA FL 34480 | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/06/2000 850-581 2479