

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075565

1. Entity Name

TALLAHASSEE TELEPHONE EXCHANGE, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90132 014 ***150.00

Principal Place of Business

Mailing Address

1112 CARISSA DR.
TALLAHASSEE FL 32308

1112 CARISSA DR.
TALLAHASSEE FL 32308

2. Principal Place of Business

3. Mailing Address

1367 Mahan Dr. W
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee, FL

Zip

Country

Zip

Country

32308

Leon

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LARSEN, ERIC R
1112 CARISSA DR.
TALLAHASSEE FL 32308

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS LARSEN, ERIC R
CITY-ST-ZIP 1112 CARISSA DR.
TALLAHASSEE FL 32308

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS LARSEN, YOUNG O
CITY-ST-ZIP 1112 CARISSA
TALLAHASSEE FL 32308

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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

4/27/01

Date

878-9688
980-1163

Daytime Phone #

CR2E034 (10/00)