

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 09, 2001 08:00 AM
Secretary of State

DOCUMENT # P99000012540
 1. Entity Name
DEFUNIAK SPRINGS INTERNET, INC.

Principal Place of Business 1026-B US HWY. 331 S. DEFUNIAK SPRINGS FL 32433	Mailing Address 1026-B US HWY. 331 S. DEFUNIAK SPRINGS FL 32433
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2. Principal Place of Business 1026-B US HWY 331 S. Suite, Apt. #, etc.	3. Mailing Address 1026-B US HWY 331 S. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State DEFUNIAK SPRINGS FL	City & State DEFUNIAK SPRINGS FL
Zip 32435	Country

4. FEI Number 59-3558008	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LONEY ROGER L111, PA
 1378 N. RAILROAD AVE.
 PO BOX 86
 CHIPLEY FL 32428
 US

7. Name and Address of New Registered Agent

Name
LANEY ROGER LIII, PA
 Street Address (P.O. Box Number is Not Acceptable)
 1378 N. RAILROAD AVE.
 PO BOX 86
 City
CHIPLEY FL Zip Code
32428

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 ROGER L. LANEY III, PA DATE 01/09/2001
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TURNER TIMOTHY 2310 BROCH DRIVE BONIFAY FL 32425 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLLEY TONY 2404 HARD LABOR ROAD CHIPLEY FL 32428 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TURNER TIMOTHY 275 EAST BROCK AVENUE BONIFAY FL 32425 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLLEY TONY 2464 HARD LABOR ROAD CHIPLEY FL 32428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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: Tony A. Holley, Jr. P Date 01/09/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/1/00)