

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000027666**

1. Entity Name

ULTRAACCESS NETWORKS, INC.**FILED**
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90050 024 ***150.00

Principal Place of Business

**915 BEVERLY HARBORS DRIVE
LEESBURG FL 34748**

Mailing Address

**915 BEVERLY HARBORS DRIVE
LEESBURG FL 34748-3557**

2. Principal Place of Business

1208 N. Lee Street

3. Mailing Address

1208 N. Lee Street

Suite, Apt. #, etc.

#10

Suite, Apt. #, etc.

#10City & State
Leesburg, FLCity & State
Leesburg, FL

4. FEI Number

59-3565317

Applied For

Not Applicable

Zip
34748Country
USAZip
34748Country
USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****KEASLER, FRANK R JR
4337 PABLO OAKS CT, SUITE 102
JACKSONVILLE FL 32224****7. Name and Address of New Registered Agent**

Name

I. Mark Rubin

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

2107 Hendricks

City

Jacksonville**FL**Zip Code
32207

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**TITLE **D** ☐ Delete
NAME **SPENCE, JUDSON C**
STREET ADDRESS **915 BEVERLY HARBORS DRIVE**
CITY-ST-ZIP **LEESBURG FL 34748**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS **Spence, Judson C.**
CITY-ST-ZIP **1208 N. Lee St #10
Leesburg, FL 34748**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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: *Judson C. Spence*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judson C. Spence III**4/28/00**

Date

(352) 787-2006

Daytime Phone #