

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90525 034 ***150.00

DOCUMENT # P99000045620

1. Entity Name
SOUTHSTAR TELECOM, INC.

Principal Place of Business
12719 BLUE PINE CIRCLE
HUDSON FL 34669

Mailing Address
12719 BLUE PINE CIRCLE
HUDSON FL 34669

2. Principal Place of Business
13411 Colony Rd
 Suite, Apt. #, etc.

3. Mailing Address
13411 Colony Rd
 Suite, Apt. #, etc.

City & State
Hudson FL
 Zip
34669

Country
PASCO

City & State
Hudson FL
 Zip
34669

Country
PASCO

4. FEI Number **59-3580597**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LIVEROIS, THOMAS
12719 BLUE PINE CIRCLE
HUDSON FL 34669

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 **Tom Livernois**
 Signature, typed or printed name of registered agent and title if applicable.

Thomas E Livernois
 (NOTE: Registered Agent signature required when reinstating)

2/15/01
 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 **P** ☐ Delete
 NAME **LIVEROIS, THOMAS E**
 STREET ADDRESS **12719 BLUE PINE CIRCLE**
 CITY-ST-ZIP **HUDSON FL 34669**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: **Tom Livernois**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas E Livernois **2/15/01** **727-857-9553**
 Date Daytime Phone #

CR2E034 (10/00)