

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057911

1. Entity Name

FIBER NET COMMUNICATIONS, INC.

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90121 016 \*\*\*150.00

Principal Place of Business

11850 9 STREET NORTH  
SUITE 6107  
ST. PETERSBURG FL 33716  
US

Mailing Address

11850 9 STREET NORTH  
SUITE 6107  
ST. PETERSBURG FL 33716  
US

2. Principal Place of Business

8424 BASUTO DR.

3. Mailing Address

8424 BASUTO DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Port Richey FL

City & State

New Port Richey FL

Zip

34655

Country

PASCO

Zip

34655

Country

PASCO

4. FEI Number

59-3583448

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DONALDSON, INGRID  
11850 9TH ST N  
#6107  
SAINT PETERSBURG FL 33716

7. Name and Address of New Registered Agent

Name

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

8424 BASUTO DRIVE

City

New Port Richey

FL

Zip Code

34655

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

4/27/01

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	PTS	<input type="checkbox"/> Delete
NAME	DONALDSON, INGRID S	
STREET ADDRESS	11850 9TH ST N #6107	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	V	<input type="checkbox"/> Delete
NAME	DONALDSON, STEPHEN D	
STREET ADDRESS	11850 9TH ST N #6107	
CITY-ST-ZIP	SAINT PETERSBURG FL 33716	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V.P. T S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8424 BASUTO DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8424 BASUTO DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 727-375-1617  
Date Daytime Phone #

0423222

CR2E034 (10/00)