

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT #

1. Entity Name

P99000057911

FIBER NET COMMUNICATIONS, INC

02 OCT 21 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4227-32 Ave No

Suite, Apt. #, etc.

3. Mailing Address

4227-32 Ave No

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ST. PETERSBURG FL

City & State

ST. PETERSBURG, FL

4. FEI Number

59-3583448

Applied For

Not Applicable

Zip

33713

Country

FLORIDA

Zip

33713

Country

FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name DOROTHY N. RODGERS

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

4227-32 Ave No

City

ST. PETERSBURG,

FL

Zip Code

33713

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

Dorothy N. Rodgers

DOROTHY N. RODGERS (PRES)

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10/16/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
PTS
DOROTHY N. RODGERS
4227-32 Ave No
ST. PETERSBURG, FL 33713

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
300008566893
10/21/02--01054--001 **61.25

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V.P.
DOROTHY FRANCIS L. RODGERS
4227-32 Ave No
ST. PETERSBURG, FL 33713

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Dorothy N. Rodgers

DOROTHY N. RODGERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/02

Daytime Phone #

522-6130

ps 10/22/02

CR2E034B (12/01)