## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **S56343** Apr 10, 2000 8:00 am Secretary of State C/C NETWORKS COMPANY, INC. 04-10-2000 90075 021 \*\*\*158.75 Mailing Address Principal Place of Business 4501 TWIN OAKS DRIVE 4501 TWIN OAKS DRIVE **STE 104** STF 104 PENSACOLA FL 32506-6636 PENSACOLA FL 32506 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3072732 Not Applicable Zip Country Country \$8.75 Additional X 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GREENE, GEORGE E. JR. Street Address (P.O. Box Number is Not Acceptable) **4 LA CARIBE DRIVE** PENSACOLA FL 32561 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ĎΡ ☐ Addition ☐ Change ☐ Delete TITLE TITLE GREENE, GEORGE E. JR. NAME NAME STREET ADDRESS STREET ADDRESS 4 LA CARIBE DRIVE CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32561 Change ☐ Addition ☐ Delete TITLE TITLE GREENE, SHERRI D. NAME NAME 4 LA CARIBE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32561 ☐ Addition ☐ Change TITLE ☐ Delete TITLE STRAUSS, JERALD S. NAME NAME STREET ADDRESS STREET ADDRESS 1530 LAUREL RIVER TR CITY-ST-ZIP CITY-ST-ZIP LAWRENCEVILLE GA 30243 ☐ Change X Addition ☐ Delete TITLE TITLE NAME NAME Dailey, Patrick D. STREET ADDRESS STREET ADDRESS 3261 Woodwind Place CITY-ST-ZIP CITY-ST-ZIP Pensacola FL 32504 ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS 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:

Sherri D. Greene 04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY/Treasurers

04/05/2000

(850)455-7474

Daytime Phone #