

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S81846

1. Entity Name

CHOICE COMMUNICATIONS, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90108 025 ***150.00

Principal Place of Business

Mailing Address

~~1020 W. PIPKIN RD.~~
~~LAKELAND FL 33811~~
~~US~~

410 A BRANNEN RD. W.
LAKELAND, FL.
33813-2724

~~1020 W. PIPKIN RD.~~
~~LAKELAND FL 33813-2724~~
~~US~~

SAME



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3081888

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BIRMINGHAM, TERRY L.
4319 CREEK CT
LAKELAND FL 33811

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	BIRMINGHAM, MICHAEL C	
STREET ADDRESS	4319 CREEK CT	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	P	<input type="checkbox"/> Delete
NAME	BIRMINGHAM, TERRY LYNN	
STREET ADDRESS	4319 CREEK CT	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	S	<input type="checkbox"/> Delete
NAME	TAYLOR, CHERYL M	
STREET ADDRESS	2005 CREEKBEND DR	
CITY-ST-ZIP	LAKELAND FL 33811	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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 lines empowered.

SIGNATURE:

Terry L. Birmingham
TERRY L. BIRMINGHAM

Date

4/18/00

Daytime Phone #

(863) 644-7445

CR2E034 (9/99)