

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90017 005 \*\*\*150.00

047181 AV

**DOCUMENT # S81846**

1. Entity Name

**CHOICE COMMUNICATIONS, INC.**

Principal Place of Business

**410 A BRANNEN RD W.  
 LAKELAND FL 33813-2724  
 US**

Mailing Address

**410 A BRANNEN RD W.  
 LAKELAND FL 33813-2724  
 US**

2. Principal Place of Business

**2420 SOUTH PL. AVE**

Suite, Apt. #, etc.

**LAKELAND**

City & State

**LAKELAND, FL**

Zip

**33803**

Country

**US**

3. Mailing Address

**2420 SOUTH PL. AVE**

Suite, Apt. #, etc.

**LAKELAND**

City & State

**LAKELAND, FL**

Zip

**33803**

Country

**US**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3081888**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BIRMINGHAM, TERRY L.  
 4319 CREEK CT  
 LAKELAND FL 33811**

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

*Terry L. Birmingham*

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, 2002 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	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 checked="" type="checkbox"/> Delete
NAME	TAYLOR, CHERYL M	
STREET ADDRESS	2005 CREEKBEND DR	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, JAMES A	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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:

*Terry L. Birmingham*

*Terry L. Birmingham*

**3-502**

**863 644-745**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/01)