

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90021 027 ***158.75

DOCUMENT # P00000069908

1. Entity Name
T3 METROCOM, INC.

Principal Place of Business
5202 WILLING STREET
MILTON FL 32570

Mailing Address
5202 WILLING STREET
MILTON FL 32570

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3660082**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

WHITE, CHERYL R
5202 WILLING STREET
MILTON FL 32570

7. Name and Address of New Registered Agent

Name **Paul E. Printiss**
 Street Address (P.O. Box Number is Not Acceptable)
5202 Willing Street
 City **Milton** **FL** Zip Code **32570**

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 Paul E. Printiss Paul E. Printiss, Secretary/Treasurer
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 3/11/02

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	D	☒ Delete
NAME	WHITE, RANDAL R	
STREET ADDRESS	5170 ANNIE RUTH ST	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	D	☐ Delete
NAME	FAIRCLOTH, GENE O	
STREET ADDRESS	23 WEINING DR	
CITY-ST-ZIP	LULING LA 70070	
TITLE	D	☐ Delete
NAME	NORRIS, MARK J	
STREET ADDRESS	1433 DEER TR	
CITY-ST-ZIP	HUBERTUS WI 53033	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C/O	☒ Change ☐ Addition
NAME		
STREET ADDRESS	4184 Madura East	
CITY-ST-ZIP	Gulf Breeze, FL 32563	
TITLE	P/O	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T	☐ Change ☒ Addition
NAME	Paul E. Printiss	
STREET ADDRESS	3617 Tiger Point Blvd.	
CITY-ST-ZIP	Gulf Breeze, FL 32563	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

Paul E. Printiss
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02

Date

850-623-3770

Daytime Phone #

CR2E034 (9/01)