

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90089 027 ***150.00

DOCUMENT # P93000039785

1. Entity Name

HIGH TECH COMMUNICATIONS OF CENTRAL FLORIDA, INC

Principal Place of Business

2513-A NE 3RD ST
 STE A
 OCALA FL 34470
 US

Mailing Address

2513-A NE 3RD ST
 STE A
 OCALA FL 34470
 US

2. Principal Place of Business

2605 NE 3rd St
 Suite, Apt. #, etc.

3. Mailing Address

2605 NE 3rd St
 Suite, Apt. #, etc.

City & State

Ocala FL

City & State

Ocala FL

4. FEI Number

59-3186118

Applied For

☒ Not Applicable

Zip

34470

Country

Marion

Zip

34470

Country

Marion

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEONARD, ERSILIA F
 4962 S.E. 35TH AVENUE
 OCALA FL 34471

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

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 ☐ Delete
 NAME D
 STREET ADDRESS LEONARD, JOEL E JR.
 CITY-ST-ZIP 4962 S.E. 35TH AVENUE
 OCALA FL 34471

TITLE ☐ Delete
 NAME D
 STREET ADDRESS LEONARD, ERSILIA F
 CITY-ST-ZIP 4962 S.E. 35TH AVENUE
 OCALA FL 34471

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 Corp Director = D
 STREET ADDRESS James Falbo
 CITY-ST-ZIP 2605 NE 3rd St
 Ocala FL 34470

TITLE ☐ Change ☒ Addition
 NAME Vice President = VP
 STREET ADDRESS Gina Harrynarine
 CITY-ST-ZIP 4962 SE 35th Ave
 Ocala FL 34470

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Ersilia F Leonard
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02 (352) 369-0999
 Date Daytime Phone #

CR2E034 (9/01)