

# 2000 UNIFORM BUSINESS REPORT (UBR)

8/31/00-90109-013-\$550.00-\$550.00

**DOCUMENT # L31426**

1. Entity Name  
**SENERCOMM, INC.**

**FILED**  
00 SEP 20 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE FL 32399



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
3930 RCA BOULEVARD  
STE 3004  
PALM BEACH GARDENS FL 33410  
US

Mailing Address  
3930 RCA BOULEVARD  
SUITE 3004  
PALM BEACH GARDENS FL 33410  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number **65-0162025**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FLETCHER, JOHN S.**  
SUITE 5300  
200 SOUTH BISCAYNE BLVD  
MIAMI FL 33131-2339

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 \_\_\_\_\_ (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 \$550.00**  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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 NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>HARRIS, LEON</b> <input checked="" type="checkbox"/> Delete <b>P O BOX 633 105 MORRIS AVENUE SUITE 301</b> <b>SPRINGFIELD NJ 07081</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>GOMEZ, LARRY</b> <input type="checkbox"/> Delete <b>3930 RCA BOULEVARD STE #3004</b> <b>PALM BEACH GARDENS FL 33410</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPS</b> <del><b>GOMEZ, LAWRENCE J.</b></del> <input type="checkbox"/> Delete <del><b>123 BONEFISH CIRCEL EAST</b></del> <del><b>JUPITER FL</b></del>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>MILLS, EMERY</b> <input checked="" type="checkbox"/> Delete <b>3930 RCA BOULEVARD</b> <b>PALM BEACH GARDENS FL 33410</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD</b> <b>RYBA, JACK</b> <input checked="" type="checkbox"/> Delete <b>41 N MAIN STREET</b> <b>GREENSBURG PA 15801</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Secretary</b> <b>Claret Lewis</b> <b>247 South Field Dr</b> <b>BIRMINGHAM MS 38209</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TREASURER</b> <b>William Fielder III</b> <b>2665 STATE MERE DR</b> <b>CUMMING GA 30041</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: LARRY GOMEZ **SIGNATURE REQUIRED** 9/11/00 561-775-9889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

**KE**