

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 445678

1. Entity Name

REL COMMUNICATIONS OF FLORIDA, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 91128 001 ***450.00

Principal Place of Business

7505 TECHNOLOGY DRIVE
WEST MELBOURNE FL 32904

Mailing Address

7505 TECHNOLOGY DR
W MELBOURNE FL 32904-1574
US

2. Principal Place of Business

7100 Technology Drive

Suite, Apt. #, etc.

3. Mailing Address

7100 Technology Drive

Suite, Apt. #, etc.

City & State

West Melbourne FL

City & State

West Melbourne FL

Zip

32904

Country

USA

Zip

32904

Country

USA

4. FEI Number 59-1519158

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KELLY, WILLIAM P
7505 TECHNOLOGY DR
W MELBOURNE FL 32904

7. Name and Address of New Registered Agent

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

7100 Technology Drive

West Melbourne FL 32904

City

FL

Zip Code

32904

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SCHECKE, FRED F	
STREET ADDRESS	7505 TECHNOLOGY DR.	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	LAIRD, RICHARD	
STREET ADDRESS	7505 TECHNOLOGY DR	
CITY-ST-ZIP	WEST MELBOURNE FL 32904	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	KELLY, WILLIAM	
STREET ADDRESS	7505 TECHNOLOGY DRIVE	
CITY-ST-ZIP	WEST MELBOURNE FL	
TITLE	COO	<input type="checkbox"/> Delete
NAME	STOREY, DAVID	
STREET ADDRESS	7505 TECHNOLOGY DR	
CITY-ST-ZIP	WEST MELBOURNE FL 32904	
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	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAIRD, RICHARD	
STREET ADDRESS	7100 Technology Drive	
CITY-ST-ZIP	West Melbourne FL 32904	
TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelly, William	
STREET ADDRESS	7100 Technology Drive	
CITY-ST-ZIP	West Melbourne FL 32904	
TITLE	COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Storey, David	
STREET ADDRESS	7100 Technology Drive	
CITY-ST-ZIP	West Melbourne FL 32904	
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		

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 another like empowered.

SIGNATURE:

William P. Kelly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

321-953-7915

Daytime Phone #