

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90227 023 ***150.00

0412662 AV

DOCUMENT # 467582

1. Entity Name
MEXECOM, INC.



Principal Place of Business
**2910 W BEAVER ST
JACKSONVILLE FL 32254
US**

Mailing Address
**111 NW 12TH AVE
LEGAL DEPT JMFDF018
DEERFIELD BEACH FL 33442
US**



2. Principal Place of Business

100 JIM MORAN BLVD.
Suite, Apt. #, etc.

3. Mailing Address

100 JIM MORAN BLVD
Suite, Apt. #, etc. **LEGAL DEPT
MAIL DROP JMFDF018**

☐ CHECK HERE IF MAKING CHANGES

City & State
DEERFIELD BEACH FL

City & State
DEERFIELD BEACH FL

4. FEI Number **59-1572589**

Applied For
Not Applicable

Zip
33442

Country
USA

Zip
33442

Country
USA

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, COLIN W	
STREET ADDRESS	100 N.W. 12TH AVE.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, GARY L	
STREET ADDRESS	100 NW 12 AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	S	<input type="checkbox"/> Delete
NAME	WHELAN, JOHN J	
STREET ADDRESS	100 NW 12TH AVE	
CITY-ST-ZIP	DEERFIELD BCH. FL 33442	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SNEAD, CAREN	
STREET ADDRESS	100 NW 12TH AVE	
CITY-ST-ZIP	DEERFIELD BCH. FL 33442	
TITLE	P	<input type="checkbox"/> Delete
NAME	HUFFMAN, J R	
STREET ADDRESS	100 N.W. 12TH AVE.	
CITY-ST-ZIP	DEERFIELD BCH. FL 33442	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CHESTER, SUSAN J	
STREET ADDRESS	100 NW 12 AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, COLIN W.	
STREET ADDRESS	100 JIM MORAN BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, GARY L.	
STREET ADDRESS	100 JIM MORAN BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHELAN, JOHN J	
STREET ADDRESS	100 JIM MORAN BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNEAD, CAREN J.	
STREET ADDRESS	100 JIM MORAN BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUFFMAN, J.R.	
STREET ADDRESS	100 JIM MORAN BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHESTER, SUSAN JANE	
STREET ADDRESS	100 JIM MORAN BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JOHN J. WHELAN** SECRETARY **04/24/03 954-420-4617**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)