

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 26, 2001 8:00 am**  
**Secretary of State**

**DOCUMENT # 639742**

1. Entity Name

**AIRCOM COMMUNICATIONS, INC.**

06-26-2001 90013 001 \*\*\*\*\*8.75  
 06-26-2001 90013 002 \*\*\*550.00

Principal Place of Business

Mailing Address

2178 10TH STREET  
 SARASOTA FL 34237-3412

2178 10TH STREET  
 SARASOTA FL 34237-3412

75447

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1961577**

Applied For  
 Not Applicable

Zip Country

Zip Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOFF, LUTHER A.**  
 2178 10TH ST.  
 SARASOTA FL 34237

Name **SHAUNE E. GOFF**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2178 10TH STREET**  
 City **SARASOTA** FL Zip Code **34237**

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 *Shaune E. Goff* **SHAUNE E. GOFF** **6/10/2001**  
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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
S	GOFF, AMBROSIA M	847 HUDSON AVE	SARASOTA, FL 00000	<input checked="" type="checkbox"/>
DV	GOFF, KENNETH C	2438 ICECAPADE DR	SARASOTA, FL 00000	<input checked="" type="checkbox"/>
PTD	GOFF, LUTHER A	847 HUDSON AVE	SARASOTA, FL 00000	<input checked="" type="checkbox"/>
D	GOFF, SHAUNE E.	847 HUDSON AVENUE	SARASOTA FL	<input type="checkbox"/>
DV	GOFF, JAMES E.	2191 HYDE PAKR ST	SARASOTA FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P/T/D	GOFF, SHAUNE E.	847 HUDSON AVE.	SARASOTA, FL 34236	<input checked="" type="checkbox"/>
V/S/D	JONES, BRIAN T.	4902 EDGEWONT COURT	SARASOTA, FL 34233	<input checked="" type="checkbox"/>

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 lines empowered.

SIGNATURE: *Brian T. Jones* **BRIAN T. JONES** **6/1/01** **(941) 955-7106**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0413447

CR2E034 (10/00)