

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000335**

1. Entity Name

**LYCOMM COMMUNICATIONS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 27 AM 3:05

Principal Place of Business

~~C/O J. BOB HUMPHRIES, ESQUIRE  
501 EAST KENNEDY BLVD., SUITE 1700  
TAMPA FL 33602~~

Mailing Address

~~C/O J. BOB HUMPHRIES, ESQUIRE  
501 EAST KENNEDY BLVD., SUITE 1700  
TAMPA FL 33602-5203~~



2. Principal Place of Business

**2535 SUCCESS DRIVE**

Suite, Apt. #, etc.

3. Mailing Address

**2535 SUCCESS DRIVE**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**ODESSA FL**

City & State

**ODESSA FL**

4. FEI Number

**59-3303577**

Applied For

Not Applicable

Zip

**33556**

Country

**PASCO**

Zip

**33556**

Country

**PASCO**

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~HUMPHRIES, J. BOB ESQ.  
C/O FOWLER, WHITE, ET AL  
501 EAST KENNEDY BLVD., SUITE 1700  
TAMPA FL 33602~~

7. Name and Address of New Registered Agent

Name **RICHARD W. BAKER**  
Street Address (P.O. Box Number is Not Acceptable)  
**2535 SUCCESS DRIVE**

City **ODESSA**

**FL**

Zip Code **33556**

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

*R. W. Baker*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$99.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P94000033873**  
NAME **LYCOMM COMMUNICATIONS, INC.**  
STREET ADDRESS ~~C/O 505 S. MAGNOLIA AVE.~~  
CITY - ST - ZIP ~~TAMPA FL 33602~~

13. ADDRESS CHANGES ONLY

STREET ADDRESS **6990 LAKE ELLENOR DRIVE**  
CITY - ST - ZIP **ORLANDO FL 32809**

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**500003259685--5**  
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**\*\*\*\*150.00 \*\*\*\*150.00**

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*R. W. Baker* RE 4/27/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

C-2E103 (1/1/9)