

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90049 045 ***150.00

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1. Entity Name
SARCOM, INC. OF DELAWARE

Principal Place of Business
**8405 PULSAR PLACE
COLUMBUS OH 43240**

Mailing Address
**8337-A GREEN MEADOW DR N
LEWIS CENTER OH 43035**

2. Principal Place of Business

8337-A Green Meadows Dr N.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Lewis Center, OH

City & State

4. FEI Number **31-1052674**

Applied For

Not Applicable

Zip

43035

Country

Delaware

Zip

Country

Delaware

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D			
	WILCOX, JAMES R	8405 PULSAR PLACE	COLUMBUS OH 43240	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
Vice President of Finance	Secretary	Kevin Eler	8337-A Green Meadows Dr N. Lewis Center, OH 43035	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Chief Executive Officer	Jeff Sturgeon	8337-A Green Meadows Dr N. Lewis Center, OH 43035		<input type="checkbox"/>	<input checked="" type="checkbox"/>
President	Chuck Sweet	638 Carriage Hill Lane Boca Raton, FL 33486		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Kenn Flannery	1191 Tilm Road Charlottesville, VA 22901		<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SIGNATURE REQUIRED FOR SECRETARY

Date

Daytime Phone #

CR2E034 (10/02)