

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002435

1. Entity Name

IQROM COMMUNICATIONS, INC.

Principal Place of Business

7635 ASHLEY PARK COURT, SUITE 503-V
ORLANDO FL 32835

Mailing Address

7635 ASHLEY PARK COURT, SUITE 503-V
ORLANDO FL 32835

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 88-0370480

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

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, 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 P ☐ Delete
NAME ELEK, THOMAS G
STREET ADDRESS LIME TREE HOUSE, ASTHALL
CITY-ST-ZIP OXON, ENGLAND, OX18 4 HW

TITLE ☐ Change ☒ Addition
NAME Taylor, Tracy A.
STREET ADDRESS 11954 Freeth Dr.
CITY-ST-ZIP Orlando FL 32837

TITLE D ☐ Delete
NAME FEIT, MICHAEL
STREET ADDRESS 321 WEST STATE STREET
CITY-ST-ZIP TRENTON NJ 08618

TITLE S ☐ Change ☒ Addition
NAME Silow, Mark
STREET ADDRESS 2123 Race St
CITY-ST-ZIP Philadelphia PA 19103

TITLE D ☐ Delete
NAME PIERSON, GERALD A
STREET ADDRESS 7361 BORDWINE DRIVE
CITY-ST-ZIP ORLANDO FL 32818

TITLE D ☐ Change ☒ Addition
NAME Perske, Graham
STREET ADDRESS Ashton Capital
CITY-ST-ZIP 105 Piccadilly London W1J 7JG

TITLE D ☐ Delete
NAME MAYNARD-TAYLOR, ALDERSEY E
STREET ADDRESS KIRDFORD, NR. BILLINGSHURST
CITY-ST-ZIP WEST SUSSEX, ENGLAND

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ALLMARK, COLIN
STREET ADDRESS PIG BUSH LANE, LOXWOOD
CITY-ST-ZIP WEST SUSSEX, ENGLAND

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WARREN, F. MICHAEL P.
STREET ADDRESS VILLA ROMEO, SEA ROCKS, ISLAND HARBOUR
CITY-ST-ZIP ANGUILLA, BR. WEST INDIES

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Tracy A. Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/2001 467
299-2230
Date Daytime Phone #

62886



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)