

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State
 02-13-2002 90186 017 ***150.00

DOCUMENT # F00000004943

1. Entity Name
MIRACOM PARTNERS, INC.

Principal Place of Business
1308 PRESERVATION WAY
OLDSMAR FL 34677

Mailing Address
334 EAST LAKE RD. #266
PALM HARBOR FL 34685

2. Principal Place of Business
2406 HUNTINGTON BLVD

3. Mailing Address *same*
 Suite, Apt. #, etc.

City & State
SAFETY HARBOR

City & State
 Suite, Apt. #, etc.

Zip
34695

Country
USA

4. FEI Number **59-3532748**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
TOMCZAK, KRISTIN
334 E LAKE RD, #266
PALM HARBOR FL 34685

Sorry ~ I think I signed too many times!

7. Name and Address of New Registered Agent
 Name **TOMCZAK, KRISTIN**
 Street Address (P.O. Box Number is Not Acceptable)
2406 HUNTINGTON BLVD
 City & State **SAFETY HARBOR FL 34695**

8. The above named entity is filing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Kristin Mary Tomczak President Miracom Partners* **29 Jan 2002**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	PCDS TOMCZAK, KRISTIN 1308 PRESERVATION WAY OLDSMAR FL 34677 <i>See above</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ELLENBURG, JASON P 318 N LINCOLN CLEARWATER FL <i>2406 Huntington Blvd Safety Harbor FL 34695</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kristin Mary Tomczak President Miracom Partners* **29 Jan 2002**

Signature and typed or printed name of signing officer or director Date Daytime Phone #