

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F06897

1. Entity Name

DOMINION HOME SYSTEMS-DIRECT, INC.

FILED
Jul 14, 2000 8:00 am
Secretary of State

07-14-2000 90004 001 ***150.00

Principal Place of Business

3050 N. HORSESHOE DR.
SUITE 290
NAPLES FL 34104
US

Mailing Address

3050 N. HORSESHOE DR.
SUITE 290
NAPLES FL 34104
US

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

65-0173717

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, ROBERT W
3050 N. HORSESHOE DR., SUITE 290
NAPLES FL 34104

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	JOHNSON, ROBERT W	
STREET ADDRESS	233 9TH AVE S	
CITY-ST-ZIP	NAPLES FL	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	RUNDLE, ALLEN	
STREET ADDRESS	6060 PELICAN BAY BLVD #B-201	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, ROBERT W JR	
STREET ADDRESS	11764 QUAIL VILLAGE WAY	
CITY-ST-ZIP	NAPLES FL 33999	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-5-00

941-448-9000 X205

CR2E034 (5/00)

F0 0897

ADD 67799

Dominion Home Systems-Direct Inc.
3050 N Horseshoe Drive
Suite 290
Naples, FL 34104

July 5, 2000

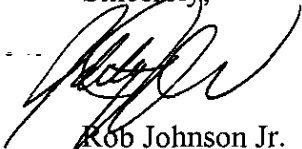
Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sirs;

I am writing in regard to the UBR 2000 for Dominion Home Systems-Direct Inc., Document # F06897. We have received a second notice regarding this report. It is with deep concern that we have never received the first UBR. I am enclosing a copy of the UBR for Dominion Video Satellite, Inc., which is the parent company for Dominion Home Systems-Direct Inc. This report was received and sent in on time.

I would like to request that the penalty for late filing be reconsidered in this instance. Please let me know your decision in this matter at your earliest convenience.

Sincerely,



Robb Johnson Jr.
Vice President of Finance

AO067799

FG6897

DOMINION VIDEO SATELLITE, INC.

PLEASE DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

Vendor ID
D00024

Vendor Name
Department of State

Payment Number
0000000000000318

CHECK NO. 5066

5066

Your Document Number
59-2647276

Date
1/14/00

Corporation Filing

Date
1/14/00

Outstanding Amount
\$150.00

Check Amount
\$150.00

\$150.00

\$150.00

LO102



(800) 962-7731 / (800) 854-3678

PRINTED IN U.S.A.

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 694267

1. Entity Name

DOMINION VIDEO SATELLITE, INC.

Principal Place of Business

Mailing Address

3050 N HORSESHOE DR.
SUITE 290
NAPLES FL 34104
US

8
SUITE 290. PO BOX 7609
NAPLES FL 33963
US

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

59-2647276

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

JOHNSON, ROBERT W.
3050 N HORSESHOE DRIVE
SUITE 290
NAPLES FL 34104

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 11, 2000, Fee will be \$350.00

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 CP
NAME JOHNSON, ROBERT W. ☐ Delete
STREET ADDRESS 233 9TH AVENUE S.
CITY-ST-ZIP NAPLES FL

TITLE VFTD
NAME JOHNSON, ROBERT W JR ☐ Delete
STREET ADDRESS 1176 QUAIL VILLAGE WAY
CITY-ST-ZIP NAPLES FL

TITLE VSD
NAME RUNDLE, ALLEN ☐ Delete
STREET ADDRESS 6060 PELICAN BAY BLVD B-201
CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE Asst. Secretary, Director ☐ Change ☒ Addition
NAME Jeanine Johnson
STREET ADDRESS 233 9th Ave S
CITY-ST-ZIP Naples, FL 34102

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

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 address with a duly like empowered.

Robert W. Johnson, CEO

SIGNATURE:

1-14-2000 (941) 403-9130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

AD0607799

DO NOT WRITE IN THIS SPACE