

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005232

1. Entity Name

NATCOM, INCORPORATED

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90057 008 ***150.00

Principal Place of Business

7500 COMMECE CENTER DR
ORLANDO FL
US

Mailing Address

7500 COMMERCE CENTER DR
ORLANDO FL 32819-8924
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

322 Marketridge Drive

Suite, Apt. #, etc.

City & State

Ridgeland, MS 39157

Zip

39157

Country

Madison



DO NOT WRITE IN THIS SPACE

4. FEI Number

64-0777064

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

CARROLL, KEVIN J
227 S. CALHOUN STREET
TALLAHASSEE FL 32301

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 of registered agent or 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, 2000 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	VD	<input checked="" type="checkbox"/> Delete
NAME	KERN, KAY	
STREET ADDRESS	1002 DOGWOOD	
CITY-ST-ZIP	CLINTON MS	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KERN, BEN	
STREET ADDRESS	1002 DOGWOOD	
CITY-ST-ZIP	CLINTON MS	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KERN, STEVE	
STREET ADDRESS	31 RIVER BIRCH CIRCLE	
CITY-ST-ZIP	MADISON MS	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	LINCOLN, TIM	
STREET ADDRESS	828 W LAKE DOLLERY	
CITY-ST-ZIP	JACKSON MS	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TURNER, SCOTT	
STREET ADDRESS	317 LOMA DEL SOL DRIVE	
CITY-ST-ZIP	DAVENPORT FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Grantham	
STREET ADDRESS	201 Devander Run	
CITY-ST-ZIP	Ridgeland, MS 39157	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William T. Lee, Jr.	
STREET ADDRESS	4 Waterford Place	
CITY-ST-ZIP	Jackson, MS 39211	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Kern	
STREET ADDRESS	52 Breakers Lane	
CITY-ST-ZIP	Ridgeland, MS 39157	
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)