

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90182 025 ***150.00

DOCUMENT # F96000004712

1. Entity Name

MICOMM SERVICES, INC.

Principal Place of Business

Mailing Address

PRECINCT LINE RD
 TX 76054

2121 PRECINCT LINE RD
 HURST TX 76054-3136
 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

75-2666419

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

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 \$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

TITLE	D	<input type="checkbox"/> Delete
NAME	JENSEN, RONALD L	
STREET ADDRESS	2121 PRECINCT LINE RD	
CITY-ST-ZIP	HURST TX 76504	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PIKOFF, DAVID M	
STREET ADDRESS	4001 MCEWEN	
CITY-ST-ZIP	DALLAS TX 75224	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HOWARD, RONALD W	
STREET ADDRESS	2121 PRECINCT LINE RD	
CITY-ST-ZIP	HURST TX 76054	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FRIEDMAN, GARY L	
STREET ADDRESS	2121 PRECINCT LINE RD	
CITY-ST-ZIP	HURST TX 76054	
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	Secretary/Treasurer/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cindy D. Pagel	
STREET ADDRESS	2121 Precinct Line Rd	
CITY-ST-ZIP	Hurst, TX 76054	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Friedman, Gary L.	
STREET ADDRESS	2121 Precinct Line Rd	
CITY-ST-ZIP	Hurst, TX 76-054	
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:

Cindy D. Pagel

Cindy D. Pagel

2/17/00

817-428-3893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)