

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90061 012 ***150.00

DOCUMENT # F97000005022

1. Entity Name

EXPLORER COMMUNICATIONS, INC.

Principal Place of Business

207 OLD MEADOW WAY
PALM BEACH GARDENS FL 33418
US

Mailing Address

207 OLD MEADOW WAY
PALM BEACH GARDENS FL 33418
US

2. Principal Place of Business

6273 Bahia del Mar Blvd

Suite, Apt. #, etc.

114

City & State

St Petersburg FL

Zip

33715

Country

USA

3. Mailing Address

6273 Bahia del Mar Blvd

Suite, Apt. #, etc.

114

City & State

St Petersburg FL

Zip

33715

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

85-0314712

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOFFMAN, NANCY
207 OLD MEADOW WAY
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6273 Bahia del Mar Blvd

114

City

St Petersburg

FL

Zip Code

33715

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

Nancy Hoffman NANCY HOFFMAN

2-21-01

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

TITLE PCTD ☐ Delete
NAME HOFFMAN, JAMES F
STREET ADDRESS 207 OLD MEADOW WAY
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE S ☐ Delete
NAME HOFFMAN, NANCY L
STREET ADDRESS 207 OLD MEADOW WAY
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6273 Bahia del Mar Blvd. # 114
CITY-ST-ZIP St Petersburg FL 33715

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6273 Bahia del Mar Blvd # 114
CITY-ST-ZIP St Petersburg FL 33715

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

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

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 an address, with all other like empowered.

SIGNATURE:

Nancy L Hoffman NANCY L HOFFMAN

DATE

2-21-01

Daytime Phone #

727 865 1221

CR2E034 (10/00)