

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90059 004 \*\*\*150.00

**DOCUMENT # F98000005900**

1. Entity Name

**IOCOM, INC.**

Principal Place of Business

**625 FLORIDA AVENUE  
 COCOA FL 32922**

Mailing Address

**625 FLORIDA AVENUE  
 COCOA FL 32922**

2. Principal Place of Business

**255 N. SYKES CREEK PKWY**

3. Mailing Address

**255 N. SYKES CREEK PKWY**

Suite, Apt. #, etc.

**Top Floor**

Suite, Apt. #, etc.

**Top Floor**

City & State

**Merritt Island, Florida**

City & State

**Merritt Island, FL**

Zip

**32953**

Country

Zip

**32953**

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**04-3428278**

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, 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	DP	<input type="checkbox"/> Delete
NAME	MCLEAN, STEPHEN G	
STREET ADDRESS	222 ROSEWOOD DRIVE	
CITY-ST-ZIP	DANVERS MA 01923	
TITLE	V	<input type="checkbox"/> Delete
NAME	MOLITOR, D S	
STREET ADDRESS	2197 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	STV	<input type="checkbox"/> Delete
NAME	WILSON, RAYMOND P	
STREET ADDRESS	222 ROSEWOOD DRIVE	
CITY-ST-ZIP	DANVERS MA 01923	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, JERRY D	
STREET ADDRESS	2197 RINGLING BLVD.	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLAYNE, KEVIN N	
STREET ADDRESS	222 ROSEWOOD DRIVE	
CITY-ST-ZIP	DANVERS MA 01923	
TITLE	AS	<input type="checkbox"/> Delete
NAME	COLLINS, DAVE	
STREET ADDRESS	222 ROSEWOOD DRIVE	
CITY-ST-ZIP	DANVERS MA 01923	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)