

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90221 044 ***150.00

0122626 AV

DOCUMENT # F98000005900

1. Entity Name
IOCOM, INC.

Principal Place of Business
255 N SYKES CREEK PKWY
TOP FLOOR
MERRITT ISLAND FL 32953

Mailing Address
255 N SYKES CREEK PKWY
TOP FLOOR
MERRITT ISLAND FL 32953



DO NOT WRITE IN THIS SPACE

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 **04-3428278**

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

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

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, 2002 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
 NAME **DP**
 STREET ADDRESS **MCLEAN, STEPHEN G**
 CITY-ST-ZIP **222 ROSEWOOD DRIVE DANVERS MA 01923** ☐ Delete

TITLE
 NAME **VP Finance** ☐ Change ☒ Addition
 STREET ADDRESS **JEFF Temple**
 CITY-ST-ZIP **222 Rosewood Drive Danvers MA 01923**

TITLE
 NAME **V**
 STREET ADDRESS **MOLITOR, D S**
 CITY-ST-ZIP **2197 RINGLING BLVD SARASOTA FL 34237** ☐ Delete

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

TITLE
 NAME **STV** ☒ Delete
 STREET ADDRESS **WILSON, RAYMOND P**
 CITY-ST-ZIP **222 ROSEWOOD DRIVE DANVERS MA 01923**

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

TITLE
 NAME **D** ☐ Delete
 STREET ADDRESS **LEWIS, JERRY D**
 CITY-ST-ZIP **2197 RINGLING BLVD. SARASOTA FL 34237**

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

TITLE
 NAME **D** ☐ Delete
 STREET ADDRESS **BLAYNE, KEVIN N**
 CITY-ST-ZIP **222 ROSEWOOD DRIVE DANVERS MA 01923**

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

TITLE
 NAME **AS** ☒ Delete
 STREET ADDRESS **COLLINS, DAVE**
 CITY-ST-ZIP **222 ROSEWOOD DRIVE DANVERS MA 01923**

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

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 (9/01)