

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G92147

1. Entity Name

ZYCOM, INC.

Principal Place of Business

Mailing Address

901 N LAKE DESTINY DRIVE, SUITE #126
MAITLAND FL 32751
US

901 N LAKE DESTINY DRIVE, SUITE #126
SUITE 1014
MAITLAND FL 32751
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 59-2396087

Applied For

No: 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

JAMES, MICHAEL T.
1754 COCOPLUM CT
LONGWOOD FL 32779

Name

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

City

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 date if applicable

(NOTE: Registered Agent's signature required when re-issuing)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VDS
CHARTERS, ARLEN
380 S. NORTH LAKE BLVD, 1014
ALTAMONTE SPRINGS FL 32701 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CDP
JAMES, MICHAEL T.
380 S. NORTH LAKE BLVD, 1014
ALTAMONTE SPRINGS FL 32701 ☐ Delete

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

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☐ 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:

Arden Charters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

401-339-9363

Date

Telephone Number

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90102 035 ***150.00

C0065616



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)