

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90371 017 ***150.00

DOCUMENT # K07970

1. Entity Name
AMERICOMM NETWORK, INC.



Principal Place of Business
**73 S. ROSCOE BLVD
PONTE VEDRA BEACH FL 32082**

Mailing Address
**8325 BAYMEADOW ROAD
1
JACKSONVILLE FL 32256**

2. Principal Place of Business

43 S. Roscoe Blvd

3. Mailing Address

43 S. Roscoe Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ponte Vedra, FL

City & State

Ponte Vedra, FL

Zip

32082

Country

USA

Zip

32082

Country

USA

4. FEI Number

59-2861706

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SABUT, AMIR

73 S ROSCOE BLVD

PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name

SABET, Amir

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

43 South Roscoe Blvd

City

Ponte Vedra

FL

Zip Code

32082

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SABET, MOHAMMAD**
STREET ADDRESS **73 S. ROSCOE BLVD**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **SABET, Amir**
STREET ADDRESS **43 S. Roscoe Blvd**
CITY-ST-ZIP **Ponte Vedra, FL 32082**

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SABET, Amir
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/03 (904) 219-2424

CR2E034 (10/02)