

2000 UNIFORM BUSINESS REPORT (UBR)

8/31/00-90109-013-\$550.00-\$550.00

DOCUMENT # **L31426**

1. Entity Name

SENERCOMM, INC.

Principal Place of Business

**3930 RCA BOULEVARD
STE 3004
PALM BEACH GARDENS FL 33410
US**

Mailing Address

**3930 RCA BOULEVARD
SUITE 3004
PALM BEACH GARDENS FL 33410
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLETCHER, JOHN S.
SUITE 5300
200 SOUTH BISCAYNE BLVD
MIAMI FL 33131-2339**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **D** ☒ Delete
NAME **HARRIS, LEON**
STREET ADDRESS **P O BOX 633 105 MORRIS AVENUE SUITE 301**
CITY-ST-ZIP **SPRINGFIELD NJ 07081**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Claret Lewis**
STREET ADDRESS **847 South Field Dr**
CITY-ST-ZIP **BIRMINGHAM MS 38209**

TITLE **PD** ☐ Delete
NAME **GOMEZ, LARRY**
STREET ADDRESS **3930 RCA BOULEVARD STE #3004**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **William Fielder III**
STREET ADDRESS **2665 STHTN MORG DR**
CITY-ST-ZIP **CUMMING GA 30041**

TITLE **VPS** ☐ Delete
NAME **GOMEZ-LAWRENCE J.**
STREET ADDRESS **123 BONEFISH CIRCEL EAST**
CITY-ST-ZIP **JUPITER FL**

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

TITLE **T** ☒ Delete
NAME **MILLS, EMERY**
STREET ADDRESS **3930 RCA BOULEVARD**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

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

TITLE **STD** ☒ Delete
NAME **RYBA, JACK**
STREET ADDRESS **41 N MAIN STREET**
CITY-ST-ZIP **GREENSBURG PA 15601**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

KE

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/00

561-775-9889

Date

Daytime Phone #

CR2E034 (5/00)