

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**  
 05-11-2000 90327 029 \*\*\*150.00

**DOCUMENT # M81469**

1. Entity Name  
**TICCOMM, INC.**

Principal Place of Business      Mailing Address  
~~DIANNE R. ADAMS~~      ~~DIANNE R. ADAMS~~  
 18 HAMILTON AVE.      18 HAMILTON AVE.  
 LEHIGH ACRES FL 33936      LEHIGH ACRES FL 33972-5534

**731543**

2. Principal Place of Business      3. Mailing Address  
 2255 Glades Rd.      2255 Glades Rd.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 Suite 237 W      Suite 237 W  
 City & State      City & State  
 Boca Raton, FL      Boca Raton, FL  
 Zip      Zip  
 33431      33431  
 Country      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number      65-0059971      Applied For  
 Not Applicable  
 5. Certificate of Status Desired      ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ADAMS, DIANNE R.  
 18 HAMILTON AVE.  
 LEHIGH ACRES FL 33936

7. Name and Address of New Registered Agent  
 Name  
 Laurie S. Silvers  
 Street Address (P.O. Box Number is Not Acceptable)  
 2255 Glades Rd.  
 Suite 237 W  
 City      FL      Zip Code  
 Boca Raton      33431

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      *Laurie S. Silvers*      DATE      4-28-00  
 Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.      ☐      **FILE NOW!!! FEE IS \$150.00**  
 (See criteria on back)      **After MAY 1, 2000 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
DPS ADAMS, DIANNE R. 18 HAMILTON AVE. LEHIGH ACRES FL 33936	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Laurie S. Silvers 2255 Glades Rd., Suite 237 W Boca Raton, FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:      *Laurie S. Silvers*      **REQUIRED**      4-28-00      561 998800  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)