

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P000000006011*

1. Entity Name

MAY-COMM, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2238 MEARS PKY

Suite, Apt. #, etc.

3. Mailing Address

2238 MEARS PARKWAY

Suite, Apt. #, etc.

City & State

MARGATE, FL.

City & State

MARGATE FL

Zip

33063

Country

BROWARD

Zip

33063

Country

BROWARD

4. FEI Number

65-0981392

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GERALD V. WALSH

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

4500 N.W. 37 CT.

City

CORAL SPRINGS

FL

Zip Code

33065

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IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*JILL MORALES, PS D
4875 N.W. 58 PLACE
COCONUT CREEK, FL 33073*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*TREASURER
EDWARD R. STROTHER
9611 S.W. 9TH CT.
PEMBROKE PINES, FL 33025*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Jill Morales* *11/4/02* *President*

FILED

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SECRETARY OF STATE
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11/19/02--01074--002 **26.25

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