

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2001 8:00 am
Secretary of State

06-27-2001 90005 015 ***150.00

DOCUMENT# P00000081470

1. Entity Name

Customcomm. Com Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

2805 E. Oakland Pk.

2805 E. Oakland Pk.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 314

Suite 314

City & State

City & State

Ft. Lauderdale, FL

Ft. Lauderdale, FL

Zip

Country

Zip

Country

33306 U.S.

33306 U.S.

4. FEI Number

Applied For

65-1035929

Not 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

Richard Murphy
 3005 Seville St.
 Ft. Lauderdale, FL 33304

Name

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

2805 E. Oakland Park Blvd.
 Suite 314

City

Ft. Lauderdale FL

Zip Code

33306

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]

President,

Richard MURPHY

4/23/01

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 | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|-----------------|------------------------------------------------------------------------------------------------------------|
| TITLE | Pres., V. Pres, Sec'y, Treas. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Richard MURPHY |
| STREET ADDRESS | 2805 E. Oakland Park, Suite 314 |
| CITY - ST - ZIP | Ft. Lauderdale, FL 33306 |
| TITLE | Director - President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Richard MURPHY |
| STREET ADDRESS | 2805 E. Oakland Park, Suite 314 |
| CITY - ST - ZIP | Ft. Lauderdale, FL 33306 |
| TITLE | V. Pres, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Wolf Ebel |
| STREET ADDRESS | 512 N.E. 10 Ave |
| CITY - ST - ZIP | Ft. Lauderdale, FL 33301 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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]

President,

Richard MURPHY

4/23/01 954/462-1993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)



Attachment
A0075036

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

May 31, 2001

CUSTOMCOMM.COM INC.
2805 E OAKLAND PARK BLVD #314
FT LAUDERDALE, FL 33306

Subject: CUSTOMCOMM.COM INC.

Reference
Number:

P00000081470

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please note the money amounts differ on the check. The numeric and written amounts must be the same. Please send a corrected check for the proper amount.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/SA

ANNUAL REPORTS SECTION