

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90501 020 ***150.00

DOCUMENT # P00000099291

1. Entity Name
INNRCOM COMMUNICATIONS CORP.

Principal Place of Business
2146 KILAMANJARO COURT
APOPKA FL 32712

Mailing Address
2146 KILAMANJARO COURT
APOPKA FL 32712

2. Principal Place of Business
7635 Ashley Park Ct.
 Suite, Apt. #, etc.
503 F.G

3. Mailing Address
7635 Ashley Park Ct
 Suite, Apt. #, etc.
503 F.G

City & State:
ORLANDO, FL

City & State
ORLANDO, FL

Zip
32835 Country
USA

Zip
32835 Country
USA

4. FEI Number
59-3678175

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, JOHN M
250 SR 427 STE 106
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

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 _____ (NOT) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. Registered Agent's signature required when reinstating.

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

TITLE
GIEN P VIEIRA ☐ Delete
 NAME
PRESIDENT
 STREET ADDRESS
2515 POINSETTIA DRIVE
 CITY-ST-ZIP
SAN DIEGO, CA. 92106

TITLE
VICE PRESIDENT AND SECRETARY ☐ Delete
 NAME
TIMOTHY L. ROMINE
 STREET ADDRESS
2146 KILAMANJARO CT
 CITY-ST-ZIP
APOPKA, FL. 32712

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
 NAME ☐ Change ☐ Addition
 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 the signature of the officer or director 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: **TIMOTHY L. ROMINE** **5/22/01** **407-532-0888**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)