

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90096 002 ***150.00

DOCUMENT # P00000100086

1. Entity Name
ALL-DATACOM.COM CORPORATION

Principal Place of Business
**412 LOWER 36TH AVENUE SOUTH
 JACKSONVILLE BEACH FL 32250**

Mailing Address
**412 LOWER 36TH AVENUE SOUTH
 JACKSONVILLE BEACH FL 32250**

2. Principal Place of Business

3. Mailing Address

PO Box 50459

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville Bch. FL

Zip

Country

Zip

Country

32240-0459 USA



DO NOT WRITE IN THIS SPACE

59-3716547

4. FEI Number **APPLIED FOR**

Applied For
 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

**FLORIDA INCORPORATORS, INC.
 1221 BRICKELL AVENUE SUITE 900
 MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

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, 2002 Fee 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 **GRANT, REGGIE**
 STREET ADDRESS **412 LOWER 36TH AVENUE SOUTH**
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-02

**828-277
 6198**

Date Daytime Phone #

CR2E034 (4/02)

Attachment

P0600010008

All Datacom.Com Corp
PO Box 50459
Jacksonville Beach, FL 32240-0459

9-13-02

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

This is the first notice I received. I switched my mail address over to a PO Box, as I am out of town for long periods of time (1-2 months) on business. I suspect the first notice must have been lost in the mail forwarding process. I am attaching a copy of address change for your reference.

I am filing this report with \$150 payment. If this is a problem, please let me know.

Thanks,

Reginald Grant
President

