Applied For

\$8.75 Additional

Not Applicable

## **FILED** Mar 07, 2002 8:00 am § Secretary of State

03-07-2002 90237 007 \*\*\*150.00

DOCUMENT #	P00000108686
1 Entity Name	1 00000 100000

C-COM INTERNATIONAL, INC.

Principal Place of Business 4699 MICASA COURT FT-MYERS FL 33901

Mailing Address

4699 MICASA COURT

FT MYERS FL 33901

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		3. Mailing Address	ness	2. Principal Place of Busi
	ADO BLVD. S.	120 DEL PR	JRT	14 POE CO
DO NOT WR		Suite, Apt. #, etc.		Suite, Apt. #, etc.
		SUITE 3		
4. FEI Number		City & State		City & State
65-105821	, FLORIDA	CAPE CORAL	NEW JERSEY	FREEHOLD, I
5. Certificate of Status Desired	Country	Zip	Country	Žip
J. Certificate of Status Desired	I IISA	I 3399N	I IISA	N7728



DO NOT WRITE IN THIS SPACE

65-1058217

07728		USA_	33990	USA	5.	Certificate of Status [		Fee Require	
	6. Name	and Address of Current F	legistered Agent		7. Name and Address of New Registered Agent				
BOBROWSKI, CHRISTOPHER J 4699 MICASA COURT FT MYERS FL 33901					Name JOHN G. PAUL, JR., CPA Street Address (P.O. Box Number is Not Acceptable) 120 DEL PRADO BLVD. S.  SUITE 3  City CAPE CORAL  FL Zip Code 33990				ên en
								,0	
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  JOHN G. PAUL, JR., CPA 02/14/02  Signature, typid or printed name of registered agent and till if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
•Tax filing r	,	ible to satisfy its Intangible and elects to do so.	After May 1, 200	/!!! FEE IS \$150.00 002 Fee will be \$550.00 able to Department of State  10. Election Campaign Financing Trust Fund Contribution.  \$5.00			0 May Be to Fees		
11.		OFFICERS AND I	DIRECTORS	12.			TO OFFICERS AND		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	4699 MIC	/SKI, CHRISTOPHER J CASA COURT IS FL 33901	□ Delete	TITLE NAME STREET ADDRE CHY-ST-ZIP	ss   14 P		RISTOPHER	☑ Change J.	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	,			☐ Change	Addition
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13. I hereby o	ertify that the	e information supplied with t	his filing does not qualify for		stated in Section		Statutes, I further certi	ify that the ir	nformation

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.

CCHRISTOPHER J. BOBROWSKI, PRES. 02/14/02

(561) 262-0920