

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114310

1. Entity Name
COVERT COMMUNICATIONS, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90483 043 ***158.75

Principal Place of Business

Mailing Address

7002 67TH STREET N
PINELLAS PARK FL 33781

7002 67TH STREET N
PINELLAS PARK FL 33781

2. Principal Place of Business

873 West Bay Dr, #136

3. Mailing Address

873 West Bay Drive, #136

Suite, Apt. #, etc.

136

Suite, Apt. #, etc.

136

City & State

Largo, FL

City & State

Largo FL

Zip

33770

Country

USA

Zip

33770

Country

USA

4. FEI Number

59-3687306

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

MADDOX, JOSEPH E CPA
7002 67TH STREET N
PINELLAS PARK FL 33781

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

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 \$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 **PRESIDENT** ☐ Delete
NAME **JOSEPH E MADDOX, CPA**
STREET ADDRESS **873 WEST BAY DR, #136**
CITY-ST-ZIP **LARGO FL 33770**

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph E. Maddox President

Date

Daytime Phone #

727-548-8057

2-6-01

CR2E034 (10/00)