

2002 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Apr 23, 2002 8:00 am
Secretary of State

03-15-2002 90021 034 ***150.00

DOCUMENT # P01000072146

1. Entity Name

LOCUST COMMUNICATIONS, INCORPORATED

Principal Place of Business

**3015 EXCHANGE CT. SUITE C
WEST PALM BEACH FL 33409**

Mailing Address

**3015 EXCHANGE CT. SUITE C
WEST PALM BEACH FL 33409**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

5043 Nautica Lake Cir.

Suite, Apt. #, etc.

City & State

Greenacres FL

Zip

Country

Zip

Country

33463

4. FEI Number

65-1127467

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

KIELY, DAN

**3015 EXCHANGE CT, SUITE C
WEST PALM BEACH FL 33409**

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

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, 2002 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 **D** ☒ Delete
NAME **KIELY, DAN**
STREET ADDRESS **3015 EXCHANGE CT, SUITE C**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **President/Director** ☐ Delete
NAME **Ira Lieberman**
STREET ADDRESS **1866 Gulfstream way**
CITY-ST-ZIP **West Palm Beach FL 33411**

TITLE **Treasurer/Director** ☐ Delete
NAME **Matthew Scherr**
STREET ADDRESS **5043 Nautica Lake Circle**
CITY-ST-ZIP **Greenacres FL 33463**

TITLE **Vice President/Director** ☐ Delete
NAME **Michael Gibbons**
STREET ADDRESS **1750 NW 84th Avenue**
CITY-ST-ZIP **Coral Springs FL 33071**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Matthew Scherr Treasurer

3/3/02

561-317-2847

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)