

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

02-19-2003 90020 039 ***163.75

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1. Entity Name
NOCOM ENTERPRISES, INC.



Principal Place of Business
**6625-3 ARGYLE FOREST BLVD
JACKSONVILLE FL 32244**

Mailing Address
**6625-3 ARGYLE FOREST BLVD
JACKSONVILLE FL 32244**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NOCOM, BIENVENIDO
7915 MACINNES DR
JACKSONVILLE FL 32244**

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. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☒ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRES. NOCOM, BIENVENIDO I 7915 MACINNES DR JACKSONVILLE FL 32244	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES. NOCOM, JORGE T 7915 MACINNES DR JACKSONVILLE FL 32244	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT NOCOM, BIENVENIDO 7915 MACINNES DR JACK, FL 32244	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ANN NOCOM 639 SW 143 RD ST SEATTLE, WA 98166	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOVER NOCOM MANAMA, BATHMAN	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOEL NOCOM 639 SW 143 RD ST SEATTLE, WA 98166	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH NOCOM 639 SW 143 RD ST SEATTLE, WA	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENNY REONISTO 17 NORTH ROAD CURAO, PAIL.	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)