

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90126 002 \*\*\*150.00

**DOCUMENT # P01000115468**

**1. Entity Name**  
**MCOMM, INC.**



**Principal Place of Business**  
**228 HAWTHORNE GROVES BLVD.**  
**UNIT 201**  
**ORLANDO FL 32835**

**Mailing Address**  
**228 HAWTHORNE GROVES BLVD.**  
**UNIT 201**  
**ORLANDO FL 32835**

**2. Principal Place of Business**  
**3335 Bartlett Blvd**  
**Suite, Apt. #, etc.**

**3. Mailing Address**  
**3335 Bartlett Blvd**  
**Suite, Apt. #, etc.**

**City & State**  
**Orlando FL**

**City & State**  
**Orlando FL**

**4. FEI Number** **30-0000269**

**Applied For**  
**Not Applicable**

**Zip** **32811** **Country** **USA**

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**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ZIMMERMAN, JAMIE R**  
**228 HAWTHORNE GROVES BLVD.**  
**UNIT 201**  
**ORLANDO FL 32835**

**7. Name and Address of New Registered Agent**

**Name** **Anderson Jeffery**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**3335 Bartlett Blvd**  
**City** **Orlando** **FL** **Zip Code** **32811**

**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]*  
Signature, typed or printed name of registered agent and title if applicable.

*Jeff Anderson*

(NOTE: Registered Agent signature required when reinstating)

**3/24/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$250.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PS</b> <b>ZIMMERMAN, JAMIE R</b> <b>228 HAWTHORNE GROVES BLVD.</b> <b>ORLANDO FL 32835</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Delete</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Delete</b>
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Delete</b>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PS</b> <b>Anderson, Jeff</b> <b>3335 Bartlett Blvd</b> <b>Orlando FL 32811</b>	<input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>

**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 all other like empowered.**

**SIGNATURE:**

*Jeff Anderson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/24/03** **407-340-1873**

CR2E034 (10/02)