

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01949

1. Entity Name

CCI COMNET COMMUNICATIONS, INC.

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90047 031 \*\*\*150.00

Principal Place of Business Mailing Address  
39 OLD RIDGEBURY ROAD 39 OLD RIDGEBURY ROAD  
DANBURY CT 06810 DANBURY CT 06810-5103  
US US

2. Principal Place of Business 3. Mailing Address  
39 Old Ridgeway Road Suite, Apt. #, etc.  
Suite # 3 # 3

City & State City & State  
Danbury, CT  
Zip Country Zip Country  
06810 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 22-2537495 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

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	ROBERTSON, BOB	
STREET ADDRESS	39 OLD RIDGEBURY ROAD	
CITY-ST-ZIP	DANBURY CT	
TITLE	T	<input type="checkbox"/> Delete
NAME	MERRIFIELD, ALEX	
STREET ADDRESS	39 OLD RIDGEBURY ROAD	
CITY-ST-ZIP	DANBURY CT	
TITLE	V	<input type="checkbox"/> Delete
NAME	BUCIOR, FRANK	
STREET ADDRESS	39 OLD RIDGEBURY RD	
CITY-ST-ZIP	DANBURY CT	
TITLE	S	<input type="checkbox"/> Delete
NAME	VAUGHN, NORMA D.	
STREET ADDRESS	39 OLD RIDGEBURY ROAD	
CITY-ST-ZIP	DANBURY CT	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Norma D. Vaughn* **Norma D. Vaughn** 4/13/00 203.794.8046  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #