

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90129 024 ***150.00

DOCUMENT # P02000086034

1. Entity Name
INERCOM COMMUNICATIONS, INC.



Principal Place of Business
969 N. SUNCOAST BLVD.
CRYSTAL RIVER FL 34429

Mailing Address
969 N. SUNCOAST BLVD.
CRYSTAL RIVER FL 34429



2. Principal Place of Business

17300 Nicasio Jay Ave

Suite, Apt. #, etc.

Brooksville, FL

City & State

34614

Zip

Country

Hernando

3. Mailing Address

17300 Nicasio Jay Ave

Suite, Apt. #, etc.

Brooksville FL

City & State

34614

Zip

Country

Hernando

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

76-0707178

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GIRIT, LISA
969 N. SUNCOAST BLVD.
CRYSTAL RIVER FL 34429

Name

Street

City

State

Zip Code

Edward H Frekey
6195 Freeport Drive
Spring Hill FL 34608

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 **P** ☒ Delete
NAME **GIRIT, DEBRA**
STREET ADDRESS **7487 RIVER COUNTRY ROAD**
CITY-ST-ZIP **SPRING HILL FL 34607**

TITLE **CFO** ☒ Delete
NAME **GIRIT, LISA**
STREET ADDRESS **2152 MEADOWLARK ROAD**
CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE **D** ☐ Delete
NAME **GIRIT, METE**
STREET ADDRESS **2152 MEADLARK ROAD**
CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE **CPO** ☒ Delete
NAME **HARRIS, LEX**
STREET ADDRESS **MARINER BLVD.**
CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE **S** ☒ Delete
NAME **HARRIS, LEX**
STREET ADDRESS **MARINER BLVD.**
CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pres** ☒ Change ☐ Addition
NAME **Anthony Girit**
STREET ADDRESS **7787 River Country Dr**
CITY-ST-ZIP **Spring hill FL 34607**

TITLE **Vice Pres** ☒ Change ☐ Addition
NAME **Debra Girit**
STREET ADDRESS **7487 River Country Dr**
CITY-ST-ZIP **Spring hill FL 34607**

TITLE **CPO** ☐ Change ☐ Addition
NAME **Lex-Harris**
STREET ADDRESS **MARINER BLVD**
CITY-ST-ZIP **Spring hill FL 34609**

TITLE **CFO** ☐ Change ☐ Addition
NAME **T. Girit**
STREET ADDRESS **Lisa**
CITY-ST-ZIP **2152 Meadowlark Road**
Spring hill FL 34608

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)