

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90099 006 ***150.00

DOCUMENT # P35341

1. Entity Name
PROCOMM TELECOMMUNICATIONS, INC.

Principal Place of Business

1377 BUSINESS CENTER DR
CONYERS GA 30094
US

Mailing Address

1377 BUSINESS CENTER DR
CONYERS GA 30094
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-1927156

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARNCORD, NORMAN
7012 BIDDY LANE
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name **Keith B. Knight**

Street Address (P.O. Box Number is Not Acceptable)

1395 N. Ed Wells Road

City **Wauchula**

FL

Zip Code **33873**

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

Keith B. Knight

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

(NOTE: Registered Agent signature required when reinstating)

1/25/02

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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	P			
	REARDON, THOMAS B			
	4390 BOWEN ROAD			
	STOCKBRIDGE GA 30281			
	S			
	REARDON, CATHY S			
	4390 BOWEN ROAD			
	STOCKBRIDGE GA 30281			

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Thomas B. Reardon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-02

Date

770-760-8660

Daytime Phone #

CR2E034 (9/01)