

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90029 020 ***150.00

DOCUMENT # P94000039247

1. Entity Name

DATACOM DISTRIBUTION, INC.

Principal Place of Business

**1250 S HARBOR CITY BLVD
SUITE 9
MELBOURNE FL 32901**

Mailing Address

**1250 S HARBOR CITY BLVD
SUITE 9
MELBOURNE FL 32901**

2. Principal Place of Business

1301 W. EAU GALLIE BLVD

3. Mailing Address

1301 W. EAU GALLIE BLVD

Suite, Apt., #, etc.

SUITE 96

Suite, Apt., #, etc.

SUITE 96

City & State

MELBOURNE FL.

City & State

MELBOURNE FL

Zip

Country

32935

Zip

Country

32935

4. FEI Number

59-3243444

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILSON, ROBERT P
1250 S HARBOR CITY BLVD
STE 9
MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

Name

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

1301 W. EAU GALLIE BLVD

SUITE 96

City

MELBOURNE

FL

Zip Code

32935

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

Robert P. Wilson

3/8/01

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, 2001 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 **CVPS** ☐ Delete
NAME **WILSON, ROBERT P**
STREET ADDRESS **1250 SOUTH HARBOR CITY BLVD.**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **PT** ☐ Delete
NAME **WILLIAMS, RICHARD C**
STREET ADDRESS **1250 SOUTH HARBOR CITY BLVD.**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1301 W. EAU GALLIE BLVD SUITE 96**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1301 W. EAU GALLIE BLVD SUITE 96**
CITY-ST-ZIP **MELBOURNE FL 32935**

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

TITLE ☐ Change ☐ 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:

Robert P. Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/01

Date

(321) 722-9997

Daytime Phone #

CR2E034 (10/00)

0080531