

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000071796

1. Entity Name

CITICOM ONLINE COMMUNICATION SERVICES, INC.

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90017 007 ***150.00

Principal Place of Business

Mailing Address

7143 SR 54, SUITE 119
NEW PORT RICHEY FL 34653

7143 SR 54, SUITE 119
NEW PORT RICHEY FL 34653

2. Principal Place of Business

7143 SR 54

Suite, Apt. #, etc.

#119

City & State

NEW PORT RICHEY, FL

Zip

34653

Country

USA

3. Mailing Address

7143 SR 54

Suite, Apt. #, etc.

#119

City & State

NEW PORT RICHEY, FL

Zip

34653

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3334771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARKS, JARED ESQ
1515 N. FEDERAL HWY #300
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name BRYAN A KUTCHINS, ESQ

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

3974 TAMPA RD

City OLDSMAR

FL

Zip Code 34677

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

Bryan A Kutchins

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

TITLE PD ☐ Delete
NAME ANDERSON, DAVID M
STREET ADDRESS 7143 SR 54, SUITE 119
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE VD ☐ Delete
NAME LOBIANCO, RALPH
STREET ADDRESS 7143 SR 54, SUITE 119
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE SD ☐ Delete
NAME LOBIANCO, FAITH
STREET ADDRESS 7143 SR 54, SUITE 119
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE TD ☐ Delete
NAME FLEEMAN, SEAN C
STREET ADDRESS 7143 SR 54, SUITE 119
CITY-ST-ZIP NEW PORT RICHEY FL 34653

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
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)