

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000071796

FILED  
Jan 26, 2002 8:00 AM  
Secretary of State

**Entity Name:** CITICOM ONLINE COMMUNICATION SERVICES, INC.

**Current Principal Place of Business:**

7143 SR 54  
STE 119  
NEW PORT RICHEY, FL 34653 US

**New Principal Place of Business:**

**Current Mailing Address:**

7143 SR 54  
STE 119  
NEW PORT RICHEY, FL 34653 US

**New Mailing Address:**

**FEI Number:** 59-3334771

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KUTCHINS, BRYAN A ESQ  
3974 TAMPA RD  
OLDSMAR, FL 34677

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ANDERSON, DAVID M  
Address: 7143 SR 54, SUITE 119  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VD ( ) Delete  
Name: LOBIANCO, RALPH  
Address: 7143 SR 54, SUITE 119  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: SD ( ) Delete  
Name: LOBIANCO, FAITH  
Address: 7143 SR 54, SUITE 119  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: TD ( ) Delete  
Name: FLEEMAN, SEAN C  
Address: 7143 SR 54, SUITE 119  
City-St-Zip: NEW PORT RICHEY, FL 34653

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SEAN C FLEEMAN

TD

01/26/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date