

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90010 001 ***150.00

DOCUMENT # PA 6000001391

1. Entity Name

Nexcom, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

4343 Fortune Place

3. Mailing Address

4343 Fortune Place

Suite, Apt. #, etc.

Unit # C

Suite, Apt. #, etc.

Unit # C

City & State

Melbourne, FL

City & State

Melbourne, FL

Zip

32904

Country

USA

Zip

32904

Country

USA

4. FEI Number

59-3358238

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

A0063300

6. Name and Address of Current Registered Agent

Victor S. Kostro, P.A.
1825 Riverview Drive
Melbourne, Florida
32901

7. Name and Address of New Registered Agent

Name TERRY L. McCollough
 Street Address (P.O. Box Number is Not Acceptable)
126 E. JEFFERSON ST
 City ORLANDO FL Zip Code 32801

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

(NOTE: Registered Agent signature required when reinstating)

4/10/01
 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 NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>William L. Salber</u> <u>9025 C. Manchester Lane</u> <u>Melbourne, Florida 32904</u> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Sr. Vice President</u> <u>Donald W. Leddin</u> <u>4655 Carolwood Drive</u> <u>Melbourne, Florida 32934</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Bobby G. Lundy</u> <u>2320 Weems Road</u> <u>Locust, Georgia 30248</u> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Raymond Costello</u> <u>751 Hawksbill Island Dr.</u> <u>SATELLITE BEACH, FL 32937</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Donald W. Leddin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald W. Leddin 9 Apr: 1 2001

Date

Daytime Phone #

321-953-6700

CR2E034 (11/00)