

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90284 034 ***150.00

0123482 AV

DOCUMENT # P96000001391

1. Entity Name
NEXCOM, INC.



Principal Place of Business
**4343 FORTUNE PLACE
UNIT C
MELBOURNE FL 32904
US**

Mailing Address
**4343 FORTUNE PLACE
UNIT C
MELBOURNE FL 32904
US**



2. Principal Place of Business
4450 ENTERPRISE COURT
Suite, Apt. #, etc.
Suite H

3. Mailing Address
4450 ENTERPRISE COURT
Suite, Apt. #, etc.
Suite H

City & State
Melbourne, FL

City & State
Melbourne, FL

4. FEI Number
59-3358238

Applied For
☐ Not Applicable

Zip Country
32934 USA

Zip Country
32934 USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MCCOLLOUGH, TERRY L~~
~~126 E. JEFFERSON ST.~~
~~ORLANDO FL 32807~~

Name **JAMES O'BRIEN**
Street Address (P.O. Box Number is Not Acceptable)
1686 W. HIDALGO BOULEVARD
City **Melbourne** FL **32901**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: **2.13.03**

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **CASTELLO, RAYMOND**
STREET ADDRESS **751 HAWKSBILL ISLAND DR.**
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **P** ☒ Change ☐ Addition
NAME **COSTELLO, Raymond W**
STREET ADDRESS **751 HAWKSBILL ISLAND DR**
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **SVP** ☐ Delete
NAME **LEDDIN, DONALD W**
STREET ADDRESS **4655 CAROLWOOD DRIVE**
CITY-ST-ZIP **MELBOURNE FL 32934**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RAYMOND W. CASTELLO** **12 FEB 03** **321.953.6700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)