2000 UNIFORM BUSINESS REPORT (UBR)

6/30/00-90007-030-\$150.00-\$150.00

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DOCUMENT # P96000053753					FILE	.U		
TOTAL (COMMUNICATIONS INC.	↓ • • • •			SECRETARY 15 THY ISION OF CO	OF STAIL RPORATION -		
Principal Plac	e of Business	Mailing Address			00 AUG 10	AH 7: 08		
1059 PINE ISLA	ND RD	1059 PINE ISLAND RD	· · ·					
UNIT 7 CAPE CORAL F US	L 33909	UNIT 7 CAPE CORAL FL 33990-4016 US	•	; ·	1	24102 41104 1101 2 40 01 01	rinn stel om e s	
2. Principal Pl	ace of Business	3. Mailing Address	410			# 111 111 11 14 14 14 1		
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.			* DO NOT WRITE	IN THIS SPACE		
City & State	CORAL FL	City & State CAPE CORAL	L, FL		4. FEI Number 65-0676296	No	oplied For ot Applicable	
2 Zip 99	Country	22991	Country	-	Certificate of Status Desired	See Require		_
<u> </u>	Address of Current R	egisternd Agent		7	. Name and Address of New Reg	Istered Agent		<u>—</u>
•		سري الأسار والمسيد المعاد	- Name	MA	UNING TO	γΛ]= ·	-	
	NING, TOM SW 3RD ST		Street Ac	dress (P.O	. Box Number is Not Acceptable)	<u> </u>	_	
	E CORAL FL 33991	•		<u> </u>	<u> </u>			
			City	APE	Cana	FL Ziozcog	991	
	named entity submits this statement for	the entrement of changing fire and			CORAL agent or both in the State of Floric			
8. Ine above	named entity submits this statement for	rue barbose or changing its reg	gistered office of	registereo	agent, or popul, ar allo didice or ribine	.	i	
SIGNATURE .						DATE		
	Signature, typed or printed name of registered agent an		egistered Agent signatu	_	en reinstatung)			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY 1, 2000 Make Check Payable			Fee will be \$5	50.00	10. Election Campaign Finar Trust Fund Contribution.		May Be to Fees	
11	OFFICERS AND D	IRECTORS	12.		ADDITIONS/CHANGES TO OFFIC			÷
TITLE	P TOM	☐ Delete	TITLE	MF	HUNING, TOM	Change	Addition	1 to 1 to 1
NAME STREET ADDRESS	MANNING, TOM 3820 SW 3RD ST		NAME STREET ADDRESS	330	5 S.W. 2 NO L	N.		7
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STREET ADDRESS			STREET ADDRESS				ŀ	
CITY-ST-ZIP	certify that the information supplied with t	hie filing dose not qualify for the	CITY-ST-ZIP	ed in Servi	on 119 07/3\/ii) Florida Statutes 1 h	irther certify that the in	nformation	
indicated of the cor	pertity that the information supplied with to on this report or supplemental report is it poration or the receiver or trustee empow or on an attachment with an address, w	rue and accurate and that my s vered to execute this report as	sionature shall na	ive ina san	ne legal etrect as il mage unger cai	n: mai i am an on onicer	OF GIRBORDS I	
SIGNAT	URE:	MEANIN			6-27-20	00 (941)3	<u> 74-47</u> 7	,
	SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING OFFICER OF	DIRECTOR		Date	∪aytıme P#ōne #	l	

DEAR SEAN,

I HAVE WRITTEN SEVERAL LETTERS
IN AN ATTEMPT TO HAVE MY LATE RENEWAL
ACCEPTED.

THE LAST TIME WE SPOKE I TOLO

YOU THAT THE FORM WAS SENT TO AN

OLD ADORESS AND THAT THEIR WAS A

FORWARDING PROBLEM WITH THE MAIL

AND I NEVER GOT IT. YOU TOLO ME

TO WRITE THIS LETTER EXPLAINING

THAT. I REALLY NEED TO MAINTAIN

MY CORPORATE STATIS BUT I CAN NOT

PAY THE LATE FEE.

Thonk you!

Tom Mamine