

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

1 of 2

DOCUMENT # P96000053753

1. Entity Name

TOTAL COMMUNICATIONS INC.

Principal Place of Business

1059 PINE ISLAND RD  
UNIT 7  
CAPE CORAL FL 33909  
US

Mailing Address

1059 PINE ISLAND RD  
UNIT 7  
CAPE CORAL FL 33909-4016  
US

2. Principal Place of Business

3305 S.W. 2<sup>ND</sup> LN.  
Suite, Apt. #, etc.

3. Mailing Address

3305 S.W. 2<sup>ND</sup> LN.  
Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

Zip  
33991

Country  
U.S.

City & State

CAPE CORAL, FL

Zip  
33991

Country  
U.S.

4. FEI Number

65-0676296

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANNING, TOM  
3820 SW 3RD ST  
CAPE CORAL FL 33991

7. Name and Address of New Registered Agent

Name MANNING, TOM

Street Address (P.O. Box Number is Not Acceptable)  
3305 S.W. 2<sup>ND</sup> LN.

City CAPE CORAL FL Zip Code 33991

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

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 P ☐ Delete  
NAME MANNING, TOM  
STREET ADDRESS 3820 SW 3RD ST  
CITY-ST-ZIP CAPE CORAL FL 33909

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 MANNING, TOM  
STREET ADDRESS 3305 S.W. 2<sup>ND</sup> LN.  
CITY-ST-ZIP CAPE CORAL, FL 33991

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  
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:

*Tom Manning*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-27-2000 (941) 574-477  
Date Daytime Phone #

DEAR SEAN,

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

THE LAST TIME WE SPOKE I TOLD YOU THAT THE FORM WAS SENT TO AN OLD ADDRESS AND THAT THERE WAS A FORWARDING PROBLEM WITH THE MAIL AND I NEVER GOT IT. YOU TOLD ME TO WRITE THIS LETTER EXPLAINING THAT. I REALLY NEED TO MAINTAIN MY CORPORATE STATUS BUT I CAN NOT PAY THE LATE FEE.

Thank You!

Tom Manning