

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000070826

1. Entity Name

GOCOM INTL., INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90256 027 ***150.00

Principal Place of Business

Mailing Address

3039 MANGO TREE DR
EDGEWATER FL 32141

3039 MANGO TREE DR
EDGEWATER FL 32141-6223

2. Principal Place of Business

2290 SOUTH VOLUSIA AVE.

3. Mailing Address

2290 SOUTH VOLUSIA AVE.

Suite, Apt. #, etc.

SUITE A2

Suite, Apt. #, etc.

SUITE A2

City & State

ORANGE CITY, FL

City & State

ORANGE CITY, FL

Zip

32763

Country

USA

Zip

32763

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3399529

Applied For

Not Applicable

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

NICHOLS, JAMES N
3039 MANGO TREE
EDGEWATER FL 32141

Name
ROBERT ABRAHAM

Street Address (P.O. Box Number is Not Acceptable)

347 SOUTH RIDGEWOOD AVE.

City DAYTONA BEACH

FL

Zip Code
32114

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 Robert Abraham ROBERT ABRAHAM

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME NICHOLS, JAMES N
STREET ADDRESS 3039 MANGO TREE DR
CITY-ST-ZIP EDGEWATER FL 32141 ☐ Delete

TITLE CEO/T/D
NAME NICHOLS, JAMES N.
STREET ADDRESS 3039 MANGO TREE DRIVE
CITY-ST-ZIP EDGEWATER, FL 32141 ☒ Change ☐ Addition

TITLE ST
NAME NICHOLS, ELVERA
STREET ADDRESS 3039 MANGO TREE
CITY-ST-ZIP EDGEWATER FL 32141 ☒ Delete

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

TITLE VP
NAME HOWARD, KEVIN
STREET ADDRESS 371 W. FERN DR.
CITY-ST-ZIP ORANGE CITY FL 32763 ☐ Delete

TITLE P/S/D
NAME HOWARD, KEVIN
STREET ADDRESS 371 W. FERN DRIVE
CITY-ST-ZIP ORANGE CITY, FL 32763 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE CTO/D
NAME HUNNEL, DANIEL P.
STREET ADDRESS 1849 WINGFIELD DRIVE
CITY-ST-ZIP LONGWOOD, FL 32779 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D
NAME DUNHAM, KENNETH
STREET ADDRESS 613 YORKSHIRE DRIVE
CITY-ST-ZIP OVIEDO, FL 32763 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: James N. Nichols

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES N. NICHOLS

1/12/2000

(904) 774-0028

Date

Daytime Phone #

CR2E034 (9/99)