

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-13-2002 90105 013 ***150.00

DOCUMENT # P96000101198

1. Entity Name
THRUCOMM, INC.

Principal Place of Business

100 2ND AVE S
 SUITE 901
 ST PETERSBURG FL 33701
 US

Mailing Address

100 2ND AVE S
 SUITE 901
 ST. PETERSBURG FL 33701
 US

2. Principal Place of Business

100 2ND AVE S.

3. Mailing Address

100 2ND AVE S.

Suite, Apt. #, etc.

Suite 1100

Suite, Apt. #, etc.

Suite 1100

City & State

St. Petersburg FL

City & State

St. Petersburg, FL

Zip

33701

Country

USA

Zip

33701

Country

USA

4. FEI Number

59-3415131

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KOLENDA, JOHN F

100 2ND AVE S

SUITE 901

ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

Elaine E. Healy

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

100 2ND AVE S. Suite 1100

City

St. Petersburg

FL

Zip Code

33701

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)

5/28/02
 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, 2002 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 **C**
 NAME **KOLENDA, JOHN F.**
 STREET ADDRESS **100 2ND AVE S, #901**
 CITY-ST-ZIP **ST PETERSBURG FL 33701**
☒ Delete

TITLE **P**
 NAME **GIANINNI, MARK J.**
 STREET ADDRESS **100 2ND AVE S, #901**
 CITY-ST-ZIP **ST. PETERSBURG FL 33701**
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **Pres. + CEO**
 NAME **Gianinn, Mark**
 STREET ADDRESS **100 2nd Ave S. #1100**
 CITY-ST-ZIP **St. Petersburg, FL 33701**
☒ Change ☐ Addition

TITLE **EXEC. VP + CFO**
 NAME **Elaine E. Healy**
 STREET ADDRESS **100 2nd Ave S. #1100**
 CITY-ST-ZIP **St. Petersburg, FL 33701**
☐ Change ☒ Addition

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

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

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: **ELAINE E. HEALY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-02 727-821-2300

Date

Daytime Phone #

CR2E034 (9/01)