

2001 UNIFORM BUSINESS REPORT (UBR)

4/22

FILED
May 18, 2001 8:00 am
Secretary of State

04-23-2001 90057 041 ***150.00

DOCUMENT # P97000064046

1. Entity Name

LAN COMMUNICATIONS, INC.

Principal Place of Business

**612 S GREENWOOD AVE
 CLEARWATER FL 33756**

Mailing Address

**PO BOX 8593
 TAMPA FL 33674**

2. Principal Place of Business

**104 W. SENECA AVE
 # 3**

3. Mailing Address

**PO BOX 8593
~~8593~~**

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33612

Country

USA

Zip

33674

Country

USA

4. FEI Number

59-3458811

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**REGISTERED CORPORATE AGENTS, INC.
 612 S GREENWOOD AVE
 CLEARWATER FL 33756**

7. Name and Address of New Registered Agent

**MARK TOURINHO
 Street Address (P.O. Box Number is Not Acceptable)
 207 E. CLUSTER AVE.
 City **TAMPA** FL Zip Code **33604****

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/7/01

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, 2001 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	<input type="checkbox"/> Delete
NAME	TOURINHO, MARK	
STREET ADDRESS	207 E CLUSTER AVENUE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOURINHO, MARK.	
STREET ADDRESS	207 E CLUSTER AVE	
CITY-ST-ZIP	TAMPA, FL 33604	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/01

Date

813-915-0279

Daytime Phone #

CR2E034 (10/00)