

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000012957

1. Entity Name

SYCOM SURGE PROTECTION, INC

Principal Place of Business

3734 131ST AVE N
SUITE 11
CLEARWATER FL 33762
US

Mailing Address

5600 24TH TERRACE NORTH
ST. PETERSBURG FL 33710-4223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3492163

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BRENNAN, DAVID R	
STREET ADDRESS	5600 24TH TERRACE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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

6/30/00
Date

(727) 561-7697
Daytime Phone #

CR2E034 (9/99)

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90020 018 ***150.00



DO NOT WRITE IN THIS SPACE



Surge Protection, Inc.

3734 131st Avenue N., Suite 11, Clearwater, FL 33762 Tel: (727) 561-7697 (800) 622-9904 Fax: (727) 556-0182

July 5, 2000

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

It was through our Lawyer we learned that our 2000 Uniform Business Report was delinquent. It was an oversight on the part of our bookkeeper as the connection was not made with the Annual Report and the realization of the importance of this document was not made.

Please accept this payment and inform of any penalties.

Best Regards and Thank You,
Sycom Surge Protection, Inc.

Attachment
DIF # P980000015957
DW 69784