2002 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2002 8:00 am & Secretary of State . DOCUMENT # P98000012957 1. Entity Name 04-16-2002 90156 005 ***150.00 SYCOM SURGE PROTECTION, INC Principal Place of Business Mailing Address 3734 131ST AVE N 3734 131ST AVE N SHITE 11 SUITE 11 CLEARWATER FL 33762 CLEARWATER FL 33762 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3492163 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent-6. Name and Address of Current Registered Agent TUCKER, MARK Street Address (P.O. Box Number is Not Acceptable) 5600 24TH TERRACE N. ST. PETERSBURG FL 33710 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. printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/n1) Change ☐ Addition fueker, mark TITLE ☐ Delete TITLE NAME TUCKER, MARK 🤜 NAME 1712 Robinson Dr. 5600 24TH TERRACE NORTH STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33710 CITY-ST-ZIP st. Petersbura CITY-ST-ZIP FL 33710 TITLE ☐ Delete TITLE Change Addition NAME FLECK, KENNETH D NAME STREET ADDRESS STREET ADDRESS 344 CHURCHILL AVENUE N. CITY-ST-ZIP CITY-ST-ZIP OTTAWA, ONTARIO CANADA K1Z -589 TITLE Delete TITLE Charige Addition Bavid R. Brennan 344 CHurchill Ave. N. NAME NAME STREET ADDRESS STREET ADDRESS OTTOWA, ONTONIO, CANADA KIZ-589 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE

changed, or on an attachment with an address, with all other like empowered

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