

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017435

1. Entity Name

AMERICOM RESOURCES, INC.

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90114 007 ***150.00

Principal Place of Business

120 INTERNATIONAL PARKWAY
SUITE 220
HEATHROW FL 32746

Mailing Address

120 INTERNATIONAL PARKWAY
SUITE 220
HEATHROW FL 32746

2. Principal Place of Business

250 INTERNATIONAL PKWY.

Suite, Apt. #, etc.

Suite 114

City & State

HEATHROW FLA

Zip

32746

Country

USA

3. Mailing Address

250 INTERNATIONAL PKWY.

Suite, Apt. #, etc.

Suite 114

City & State

HEATHROW, FLORIDA

Zip

32746

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3503980

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FENNER, STEWART D
3546 LAKESHORE DR.
MOUNT DORA FL 32757

7. Name and Address of New Registered Agent

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RUCKER, CHARLES W
492 MILE POST DRIVE
LAKE MARY FL 32746 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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

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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: Charles W. Rucker President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/2001 407-804-2550

Date

Daytime Phone

CR2E034 (10/00)