

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90142 031 ***150.00

DOCUMENT # P98000036428

1. Entity Name
TRUCOM, INC.

Principal Place of Business

717 SECRET HARBOR LN
#207
LAKE MARY FL 32746
US

Mailing Address

717 SECRET HARBOR LN
#207
LAKE MARY FL 32746
US

00033870



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4810 MEREDITH WAY
Suite, Apt. #, etc.
#202

3. Mailing Address

4810 MEREDITH WAY
Suite, Apt. #, etc.
#202

City & State

BOULDER, CO

City & State

BOULDER, CO

4. FEI Number

59-3512390

Applied For

Not Applicable

Zip

Country

80303

USA

Zip

Country

80303

USA

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

DOWD, H R
1329 EAST ALTAMONTE DR. #107
ALTAMONTE SPRINGS FL 32701

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V
NAME DOWD, H R
STREET ADDRESS 1327 E ALTAMONTE DR #107
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 ☐ Delete

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

TITLE P
NAME SANGVIKAR, SACHIN
STREET ADDRESS 717 SECRET HARBOR LN #207
CITY-ST-ZIP LAKE MARY FL 32746 ☐ Delete

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

TITLE V
NAME BARBIE, JOHN
STREET ADDRESS 1833 DUFFY CT
CITY-ST-ZIP LAKE MARY FL 32746 ☐ Delete

TITLE V
NAME BARBIE JOHN
STREET ADDRESS 1833 DUFFY CT
CITY-ST-ZIP LAKE MARY, FL 32746 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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: Sangvikar (SACHIN SANGVIKAR)

4/4/01

720-565-1419

Date

Daytime Phone #

CR2E034 (10/00)