

# 2000 UNIFORM BUSINESS REPORT (UBR)

0066173

DOCUMENT # P98000039323

1. Entity Name  
**SYNCOM, INC.**

FILED

00 APR 28 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

601 S MAIN ST  
GAINESVILLE FL 32601  
US

Mailing Address

601 S MAIN ST  
GAINESVILLE FL 32601-6719  
US

2. Principal Place of Business

503 SW 2ND AVE

3. Mailing Address

503 SW 2ND AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

4. FEI Number

59-3518322

Applied For

Not Applicable

Zip

32601

Country

Zip

32601

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLARK, RICHARD  
601 S MAIN ST  
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name CORPORATION SERVICE COMPANY

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

1201 HAYS ST.

City TALLAHASSEE

FL

Zip Code 32301-2525

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CLARK, RICHARD	
STREET ADDRESS	601 S MAIN ST	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE		<input type="checkbox"/> Delete
NAME	MARK D. COBB	
STREET ADDRESS	PSTD	
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	PETER J. LYONS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8413 RIVER BRANCH PLACE	
STREET ADDRESS	SANFORD, FL 32771-8356	
CITY-ST-ZIP		
TITLE	MARK D. COBB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2440 CEDARCREST PLACE	
STREET ADDRESS	VALRICO, FL 33594	
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

MARK D. COBB

4-27-00 813-230-9100

Date

Daytime Phone #