

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000067546

1. Entity Name

INTELCOM HOLDING CORPORATION

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90088 036 \*\*\*150.00

Principal Place of Business

Mailing Address

28050 U.S. HIGHWAY 19 NORTH, SUITE 202  
CLEARWATER FL 33761

28050 U.S. HIGHWAY 19 NORTH, SUITE 202  
CLEARWATER FL 33761-2627

A0009715



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8831 BEL-MEADOW WAY

3. Mailing Address

8831 BEL-MEADOW WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FL

City & State

NEW PORT RICHEY, FL

4. FEI Number

59-3525230

Applied For

Not Applicable

Zip

Country

34655

PASCO

Zip

Country

34655

PASCO

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

BUBLEY & BUBLEY, P.A.  
3820 NORTHDAL BOULEVARD, SUITE 312B  
TAMPA FL 33624

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 ☐ Delete  
NAME D  
STREET ADDRESS KANSTOROOM, DAVID  
CITY-ST-ZIP 10404 DOUBLE BAYOU WAY  
TAMPA FL 33615

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SPEEZA, DAVID  
CITY-ST-ZIP 8831 BEL-MEADOW WAY  
NEW PORT RICHEY FL 34655

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: DAVID SPEEZA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/00 727-376-7987

01/14/1999