

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90101 035 \*\*\*150.00

**DOCUMENT # P98000067546**

1. Entity Name  
**INTELCOM HOLDING CORPORATION**



Principal Place of Business  
**8831 BEL-MEADOW PKWY  
NEW PORT RICHEY FL 34655**

Mailing Address  
**8831 BEL-MEADOW PKWY  
NEW PORT RICHEY FL 34655**



2. Principal Place of Business  
**1324 SEVEN SPRINGS BLVD**  
Suite, Apt. #, etc.  
**#176**

3. Mailing Address  
**1324 SEVEN SPRINGS BLVD**  
Suite, Apt. #, etc.  
**#176**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**NEW PORT RICHEY, FL**  
Zip  
**34655** Country  
**USA**

City & State  
**NEW PORT RICHEY, FL**  
Zip  
**34655** Country  
**USA**

4. FEI Number **59-3525230**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KANSTOROOM, DAVID</b>	
STREET ADDRESS	<b>10404 DOUBLE BAYOU WAY</b>	
CITY-ST-ZIP	<b>TAMPA FL 33615</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SPEEZA, DAVID</b>	
STREET ADDRESS	<b>8831 BEL-MEADOW WAY</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34655</b>	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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		
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/31/03** **727-376-7987**  
Date Daytime Phone #

CR2E034 (10/02)