

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 21, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000001380**1. Entity Name  
MICOM, INC.

## Principal Place of Business

328-21ST STREET E.

BRADENTON  
342081614

FL

## Mailing Address

P.O. BOX 500

TALLEVAST  
34270

US

FL

## 2. Principal Place of Business

Suite, Apt. #, etc.

## 3. Mailing Address

P.O. BOX 2100

Suite, Apt. #, etc.

## City &amp; State

BRADENTON  
FL

## Zip

## Country

## Zip

34250

## Country

US

## 4. FEI Number

**65-0899710**

## Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

D&B CORPORATE SERVICES, INC.  
5999 CENTRAL AVENUE  
SUITE 202  
ST. PETERSBURG  
33710

FL

US

## 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)

**03/21/2001**

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	D	<input type="checkbox"/> Delete
NAME	TILTON LESLIE J	
STREET ADDRESS	P.O. BOX 500	
CITY-ST-ZIP	TALLEVAST FL 34270	
TITLE	D	<input type="checkbox"/> Delete
NAME	TILTON RUSSEL FJR.	
STREET ADDRESS	P.O. BOX 500	
CITY-ST-ZIP	TALLEVAST FL 34270	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TILTON LESLIE J	
STREET ADDRESS	P.O. BOX 2100	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TILTON RUSSEL FJR.	
STREET ADDRESS	P.O. BOX 2100	
CITY-ST-ZIP	BRADENTON FL 34208	
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		

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:** Leslie Tilton

D

03/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)