

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001671

1. Entity Name

AMCOM DIGITAL SYSTEMS, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90954 040 ***150.00

Principal Place of Business

1921 S.W. 73RD. AVE.
PLANTATION FL 33317

Mailing Address

1921 S.W. 73RD. AVE.
PLANTATION FL 33317-4929

2. Principal Place of Business

48 MAIN STREET

3. Mailing Address

48 MAIN STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINDERMERE, FL

City & State

WINDERMERE, FL

4. FEI Number

65-0901997

Applied For

Not Applicable

Zip

34786

Country

USA

Zip

34786

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HORNE, E. THOMAS III
1921 S.W. 73RD. AVE.
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name

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

48 MAIN STREET

City

WINDERMERE

FL

Zip Code

34786

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

E. Thomas Horne III

E. THOMAS HORNE, III

4/27/2000

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** ☐ Delete
NAME **HORNE, E. THOMAS III**
STREET ADDRESS **1921 S.W. 73RD. AVE.**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SECRETARY, TREASURER** ☒ Change ☐ Addition
NAME **48 MAIN STREET**
STREET ADDRESS **WINDERMERE, FL**
CITY-ST-ZIP

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **LYNN CRITIDES HORNE**
STREET ADDRESS **48 MAIN STREET**
CITY-ST-ZIP **WINDERMERE, FL 34786**

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

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

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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:

E. Thomas Horne III

E. THOMAS HORNE III

Date

Daytime Phone #

4/27/2000 407-876-2980