

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/9/0

FILED

May 02, 2000 8:00 am  
Secretary of State

03-09-2000 90109 007 \*\*\*158.75

DOCUMENT # P99000003855

1. Entity Name

K-COM-COMMUNICATIONS-INC.

Principal Place of Business

463 RIDGECREST DRIVE  
PUNTA GORDA FL 33982

Mailing Address

463 RIDGECREST DRIVE  
PUNTA GORDA FL 33982-8524

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-088 6729

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ESTIME, GILBERT  
17454 S.W. 79TH COURT  
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name

ERIC KLEINZ

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

463 RIDGECREST DR

City

PUNTA GORDA

FL

Zip Code

33982

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

*Eric Klein* ERIC KLEINZ PRESIDENT

03-03-00

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 type="checkbox"/> Delete
NAME	KLEINZ, ERIC W	
STREET ADDRESS	463 RIDGECREST DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE	ESTIME, GILBERT	<input checked="" type="checkbox"/> Delete
NAME	ESTIME, GILBERT	
STREET ADDRESS	17454 S.W. 79TH CT	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	KLEINZ, ERIC W	
STREET ADDRESS	463 RIDGECREST DR PUNTA GORDA FL	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	KLEINZ, ERIC W	
STREET ADDRESS	463 RIDGECREST DR PUNTA GORDA FL	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Delete
NAME	KLEINZ, ERIC W	
STREET ADDRESS	463 RIDGECREST DR, PUNTA GORDA FL	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLEINZ, HAYLEY M.	
STREET ADDRESS	463 RIDGECREST DR. PUNTA GORDA FL	
CITY-ST-ZIP	PUNTA GORDA FL	
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:

*Eric Klein* ERIC KLEINZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-03-00

Date

941 575 6990

Daytime Phone #

CR2E034 (9/99)