

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000044783

1. Entity Name

VORCOM, INC.

FILED

00 SEP 25 PM 3: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

PMB 185, 5334 CENTRAL FLORIDA PKWY.
ORLANDO FL 32821

Mailing Address

PMB 185, 5334 CENTRAL FLORIDA PKWY.
ORLANDO FL 32821

2. Principal Place of Business

3. Mailing Address

12037 Green Emerald Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando FL

4. FEI Number

59-3577469

Applied For

Not Applicable

Zip

Country

Zip

32837

Country

USA

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

SWANN & HADLEY, P.A.
1031 WEST MORSE BLVD.
STE. 270
WINTER PARK FL 32789

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

9/13/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PTSD
NAME CUMMINGS, MICHAEL E
STREET ADDRESS PMB 185, 5334 CENTRAL FLORIDA PKWY.
CITY-ST-ZIP ORLANDO FL 32821 ☐ Delete

TITLE
NAME 900003417769-2 ☐ Change ☐ Addition
STREET ADDRESS -10/06/00--01129--021
CITY-ST-ZIP *****558.75 *****558.75

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/00

Date

Ask for Mike Cummings
407-896-5851

Daytime Phone #

CR2E034 (5/00)