

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066200

1. Entity Name

RITECOM BROADBAND SERVICES, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90026 016 ***150.00

Principal Place of Business

Mailing Address

6344 MACLAURIN DR.
TAMPA FL 33647

6344 MACLAURIN DR.
TAMPA FL 33647-1164

2. Principal Place of Business

3. Mailing Address

100 THORNHILL ROAD

100 Thornhill Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

AUBURNDALE, FL

Auburndale, FL

Zip

Country

Zip

Country

33823

USA

FL 33823

USA

4. FEI Number

59-3587955

Applied For

Not Applicable

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

HADLOW, RICHARD B
220 S. FRANKLIN ST.
TAMPA FL 33602

Name: ROBERT R. SWARDER

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

100 THORNHILL ROAD

City: AUBURNDALE

FL

Zip Code: 33823

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 (Not applicable)

1/12/00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		P/D Patricia Swander 6344 MacLaurin Dr. Tampa, FL 33647	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		D/S/T Robert R. Swander 6344 MacLaurin Dr. Tampa, FL 33647	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Gregg Riker 100 Thornhill Rd. Auburndale, FL 33823	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Joel J. Brumbach 18134 Regents Square Ct. Tampa, FL 33647	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Darren M. Swander 1315 Starry Night St. Wesley Chapel, FL 33543	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X

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

1/13/00
Date

863-967-0600
Daytime Phone #

CR2E034 (9/99)