

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90104 027 ***150.00

DOCUMENT # P99000080049

1. Entity Name
PROPCOM, INC.

Principal Place of Business
**6699 - 90TH AVENUE NORTH
 PINELLAS PARK FL 33781**

Mailing Address
**6699 - 90TH AVENUE NORTH
 PINELLAS PARK FL 33781**

2. Principal Place of Business

742 - 2ND AVE S.
 Suite, Apt. #, etc.

3. Mailing Address

742 - 2ND AVE S.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ST. PETERSBURG FL.

City & State

ST. PETERSBURG FL.

4. FEI Number **59-3599384**

Applied For

Not Applicable

Zip

Country

33701 PINELLAS

Zip

Country

33701 PINELLAS

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

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

Name

FRANKS, MAGGIO

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

742 - 2ND AVE. S.

City

ST. PETERSBURG FL

Zip Code

33701

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]
 Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **MAGGIO, FRANK S**
 STREET ADDRESS **6699 - 90TH AVENUE NORTH**
 CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **D** ☐ Change ☐ Addition
 NAME **MAGGIO, FRANK S.**
 STREET ADDRESS **742 - 2ND AVE S.**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33701**

TITLE **D** ☐ Delete
 NAME **SILER, MARK A**
 STREET ADDRESS **6699 - 90TH AVENUE NORTH**
 CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **D** ☐ Change ☐ Addition
 NAME **SILER, MARK.**
 STREET ADDRESS **742 - 2ND AVE S.**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33701**

TITLE **D** ☐ Delete
 NAME **DEEB, BRIAN P**
 STREET ADDRESS **5999 CENTRAL AVENUE #202**
 CITY-ST-ZIP **ST. PETERSBURG FL 33710**

TITLE **D** ☐ Change ☐ Addition
 NAME **DEEB, BRIAN P**
 STREET ADDRESS **5999 CENTRAL AVENUE #202**
 CITY-ST-ZIP **ST. PETERSBURG FL 33710**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK MAGGIO

5-1-01

727-541-1100

Date

Daytime Phone #

CR2E034 (10/00)