

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90086 027 ***150.00

DOCUMENT # P990000082881

1. Entity Name
PRICOM, INC.

Principal Place of Business

3110 CHERRY PALM DR
SUITE 355
TAMPA FL 33619

Mailing Address

3110 CHERRY PALM DR
SUITE 355
TAMPA FL 33619

2. Principal Place of Business

3925 COCONUT PALM DR
Suite, Apt. #, etc.
119

3. Mailing Address

3925 COCONUT PALM DR
Suite, Apt. #, etc.
119

City & State

TAMPA FL

City & State

TAMPA FL

Zip
33619

Country

Zip

33619

Country

4. FEI Number

59-3634029

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BYRCH, ROBERT
3110 CHERRY PALM DR
SUITE 355
TAMPA FL 33619

7. Name and Address of New Registered Agent

Name

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

3925 COCONUT PALM DR
SUITE 119

City

TAMPA

FL

Zip Code

33619

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. 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, 2002 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 **DP** ☐ Delete
NAME **BYRCH, ROBERT**
STREET ADDRESS **28602 HANGING MOSS LOOP**
CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

TITLE **ST** ☐ Delete
NAME **PANEPINTO, GABRIEL**
STREET ADDRESS **3901 APPLETREE DR**
CITY-ST-ZIP **VALRICO FL 33594**

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

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

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 **813-620-4788**
 Date Daytime Phone #

CR2E034 (9/01)