

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104636

1. Entity Name

ASTRO TELECOMMUNICATIONS, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90057 047 ***150.00

Principal Place of Business

Mailing Address

6101 DUNCAN ROAD #4
PUNTA GORDA FL 33982

6101 DUNCAN ROAD #4
PUNTA GORDA FL 33982

2. Principal Place of Business

6101 DUNCAN Rd #4

3. Mailing Address

6101 DUNCAN Rd

Suite, Apt. #, etc.

#4

Suite, Apt. #, etc.

#4

City & State

Punta Gorda, FL

City & State

Punta Gorda, FL

Zip

33950

Country

Charlotte

Zip

33950

Country

Charlotte

4. FEI Number

65-0969243

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLIFFORD, TERRY L
6101 DUNCAN ROAD #4
PUNTA GORDA FL 33982

7. Name and Address of New Registered Agent

Name

Terry L. Clifford

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

6101 DUNCAN Rd #4

City

Punta Gorda

FL

Zip Code

33950

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

Terry L. Clifford

President

3/24/00

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 \$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	☐ 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	
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	
TITLE	☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Terry L. Clifford

3/24/00

(941) 637-6646