

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90090 036 \*\*\*150.00

**DOCUMENT # S97561**

1. Entity Name

THE INFOCOM GROUP, INC.

Principal Place of Business

8240 DEVEREUX DR.  
 SUITE 100  
 MELBOURNE FL 32940-7949  
 US

Mailing Address

8240 DEVEREUX DR.  
 SUITE 100  
 MELBOURNE FL 32940-7949  
 US

2. Principal Place of Business

6767 N. Wickham Rd.

Suite, Apt. #, etc.  
 Suite 306

3. Mailing Address

6767 N. Wickham Rd.

Suite, Apt. #, etc.  
 Suite 306

City & State  
 Melbourne, FL

City & State  
 Melbourne, FL

Zip  
 32940

Country  
 USA

Zip  
 32940

Country  
 USA

4. FEI Number 59-3111374

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

BOYD, JOEL E., ESQ.  
 7380 MURRELL ROAD  
 SUITE 100  
 MELBOURNE FL 32940

7. Name and Address of New Registered Agent

Name Boyd, Joel E., Esq.  
 Street Address (P.O. Box Number is Not Acceptable)  
 6767 N. Wickham Road, Suite 306

City Melbourne, FL Zip Code 32940

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 DPTS  
 NAME TOMBLESON, MARTIN  
 STREET ADDRESS 141 TEQUESTA HARBOR DRIVE  
 CITY-ST-ZIP MERRITT ISLAND FL 32952 ☒ Delete

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

12. DPTS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CHANGES  
 NAME CHARLES E. TOMBLESON ☒ Change ☐ Addition  
 STREET ADDRESS 141 TEQUESTA HARBOR DRIVE  
 CITY-ST-ZIP MERRITT ISLAND FL 32952

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

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

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 STREET ADDRESS  
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TITLE  
 NAME ☐ Change ☐ Addition  
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (9/01)