

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90097 018 ***150.00

DOCUMENT # F00000005959

1. Entity Name
ABC COMMUNICATIONS SYSTEMS INC.

Principal Place of Business
**441 SOUTH ROBSON ROAD BUILDING 108
MESA AZ 85210**

Mailing Address
**441 SOUTH ROBSON ROAD BUILDING 108
MESA AZ 85210**

2. Principal Place of Business
4030 S.W. 30th Ave.
Suite, Apt. #, etc.

3. Mailing Address
4030 S.W. 30th Ave.
Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL
Zip
33312
Country
USA

City & State
Ft. Lauderdale, FL
Zip
33312
Country
USA

4. FEI Number
86-0601757

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SIMMONS, MICHAEL A
5201 SOUTHWEST 23RD TERRACE
FORT LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 **Michael A. Simmons** **Michael A. Simmons** **4/29/01**
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, 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

TITLE **PVST** ☐ Delete
NAME **SIMMONS, MICHAEL A**
STREET ADDRESS **5201 S.W. 23RD TERRACE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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

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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: **Michael A. Simmons** **Michael A. Simmons Pres** **4/29/01** **954-585-8501**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)