

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90047 039 \*\*\*150.00

**DOCUMENT # P98000019605**

1. Entity Name

**COMMUNICATION PRODUCTS AND SOLUTIONS, INC.**

Principal Place of Business

Mailing Address

**204 LOUISIANA DR  
 MEXICO BEACH FL 32410  
 US**

**PO BOX 57  
 PORT ST JOE FL 32410-4070  
 US**

**00029412**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**P.O. BOX 14070**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**MEXICO BEACH, FL**

4. FEI Number

**59-3497997**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32410**

**US**

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

**LYNN, LOUIS  
 204 LOUISIANA DR  
 MEXICO BEACH FL 32410**

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

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.

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **PD LYNN, LOUIS**  
 STREET ADDRESS **204 LOUISIANA DR**  
 CITY-ST-ZIP **MEXICO BEACH FL 32410**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **P.O. BOX 14070**  
 CITY-ST-ZIP **MEXICO BEACH, FL 32410**

TITLE  Delete  
 NAME **SDT LYNN, BARBARA**  
 STREET ADDRESS **204 LOUISIANA DR**  
 CITY-ST-ZIP **MEXICO BEACH FL 32410**

TITLE  Change  Addition  
 NAME **SDTV**  
 STREET ADDRESS **P.O. BOX 14070**  
 CITY-ST-ZIP **MEXICO BEACH, FL 32410**

TITLE  Delete  
 NAME **VD MARTIN, CHARLES W**  
 STREET ADDRESS **8050 JOSEPH ST**  
 CITY-ST-ZIP **SNEADS FL 32460**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *Barbara Lynn*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-23-00** **850-648-8343**  
 Date Daytime Phone #

CR2E034 (9/99)