


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 493855			
1. Entity Name FLORIDA COMMUNICATION ELECTRONICS, INC.			
Principal Place of Business 913 WEST COLUMBUS DRIVE TAMPA, FL 33602		Mailing Address 913 WEST COLUMBUS DRIVE TAMPA, FL 33602	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1652643		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LUBRANO, JOE V. 2702 ESSEX TAMPA, FL 33602		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent's signature required when remaining)	
FILE NOW!!! FEE IS \$150.00 MAY 11, 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUBRANO, JOE V.	NAME	
STREET ADDRESS	913 W COLUMBUS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTOS, LINDA	NAME	
STREET ADDRESS	624 SPORTSMAN PARK DR	STREET ADDRESS	
CITY-ST-ZIP	SEFFNER, FL 33684	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUBRANO, JOSE VINCENT	NAME	
STREET ADDRESS	913 W COLUMBUS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPITANO, PATRICIA	NAME	Patricia Capitano
STREET ADDRESS	10216 HYALECH RD.	STREET ADDRESS	19315 Tarrden Dr.
CITY-ST-ZIP	TAMPA, FL 33617	CITY-ST-ZIP	Riverview, Fl. 33569
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Patricia Capitano</u>		Date: <u>4-15-03</u> Original Phone #: <u>813-223-4686</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Original Phone #	

10075720



CHECK HERE IF MAKING CHANGES

CRREC04 (10/02)