2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 544110 1. Entity Name PUBLIC COMMUNICATIONS INC.					FILED Feb 14, 2000 8:00 am Secretary of State 02-14-2000 90175 017 ***150.00			
Principal Plac 707 FRANKLIN TAMPA FL 3360	ST MALL 6TH FLOOR	Mailing Address 707 FRANKLIN ST MALL 6TH FLOOR TAMPA FL 33602-4419			en de est perce			
2. Principal Place of Business 707 Franklin Street Suite, Apt. #, etc. Suite 900		3. Mailing Address 707 Franklin Street Suite, Apt. #, etc. Suite 900			DO NOT WRITE IN THIS SPACE			
City & Stat Tamp Zip 3360	pa PL	City & State Tampa Zip 33602	Country USA	** % ± 0	59-17674 ertificate of Status Desired			
STRE 1011	6. Name and Address of Current ENSKI, JAMES B 4 LAKE COVE LANE PA FL 33618	Registered Agent			me and Address of New R. Frankou K. Number is Not Accepta bai roum 1	= =		511
8. The above	named entity submits this statement for the statement of	h	registered office or			2-8-00	<u>)</u>	· ,
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.		!! FEE IS \$150.0 00 Fee will be \$5 lie to Departmen	50.00	10. Election Campaign Trust Fund Contribu			0 May Be to Fees
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND ST BARRY, RICHARD A. 9943 S WINDCHESTER CHICAGO, ILL 60643	DIRECTORS Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr.V.P. Charlo 650 U	outions/changes to come the Treasuren the Luer in iversity Dr. Gables. Fl		RECTORS Change	S IN 11 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANKOWIAK JAMES R 3903 SABAL PALM CT. BRANDON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · ·		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C STRENSKI, JAMES B. 10114 LAKE COVE LANE TAMPA FL	LD Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BOLAND, SUZANNE L 3533 SHADOWOOD DR VALRICO FL 33594	Delete ∪	TITLE NAME STREET ADDRESS CITY-ST-ZIP			_	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FREDERICK, ARTHUR W 234 JEAN ST PALM HARBOR FL 34683	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. Vi	ce Presiden Secretary	<i>t</i> 13	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
indicated of the cor	certify that the information supplied wit I on this report or supplemental report reporation or the receiver or trustee emp , or on an attachment with an address,	is true and accurate and that no cowered to execute this report	ny signature shall h as required by Cha	ave the same le	dal effect as it made und	er oath: that I am a	ın oπicer i	or airector

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR