

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jul 16, 2001 08:00 AM****Secretary of State****DOCUMENT # 544110**1. Entity Name  
**PUBLIC COMMUNICATIONS INC.****Principal Place of Business**707 FRANKLIN ST  
STE 900  
TAMPA  
33602

FL

**Mailing Address**707 FRANKLIN ST  
STE 900  
TAMPA  
33602

FL

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****59-1767490**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****STRENSKI, JAMES B**  
3903 SABAL PALM CT.**BRANDON**  
33511

FL

**7. Name and Address of New Registered Agent**

Name

**FRANKOWIAK, JAMES R.**

Street Address (P.O. Box Number is Not Acceptable)

**3201 E. WILLIAMS ROAD**

City

**PLANT CITY****FL**Zip Code  
**33565**

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 **JAMES R. FRANKOWIAK****07/16/2001**

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SRVS  
FREDERICK ARTHUR W  
234 JEAN ST  
PALM HARBOR FL 34683 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
FRANKOWIAK JAMES R  
3903 SABAL PALM CT.  
BRANDON FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVPT  
LAUER CHARLOTTE  
650 UNIVERSITY DR  
CORAL GABLES FL 33134 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVPT  
LUER CHARLOTTE  
650 UNIVERSITY DR  
CORAL GABLES FL 33134 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: James R. Frankowiak**

P

**07/16/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)