

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 609278

1. Entity Name

COMMUNICATIONS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

4450 NORTH US 1  
VERO BEACH FL 32967  
US

4450 U.S. HIGHWAY 1  
VERO BEACH FL 32967-1561  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~POLACKWICH, ALAN S., SR.~~  
3333 20TH STREET  
VERO BEACH FL 32960

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.  
(See criteria on back) ☐

**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

TITLE	D	<input type="checkbox"/> Delete
NAME	STORK, ROBERT WM	
STREET ADDRESS	2900 59TH AVE.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	ERFURT, HENRY F.	
STREET ADDRESS	345 32ND AVE SW	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	DARE, TIMOTHY J.	
STREET ADDRESS	2603 13TH STREET	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KING, ROBERT E	
STREET ADDRESS	4450 U.S. HIGHWAY 1	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISHER, STEVEN W	
STREET ADDRESS	1670 3RD CT SW	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DCP	<input type="checkbox"/> Delete
NAME	DEAN, H. T.	
STREET ADDRESS	3116 THIRD ST	
CITY-ST-ZIP	VERO BEACH FL	

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

~~ROBERT E. KING~~  
ROBERT E. KING  
SECRETARY & DIRECTOR

Date

Daytime Phone #

1/4/2000 (561) 569-5355