

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K11492

1. Entity Name

PRIORITY COMMUNICATIONS, INC.

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90048 027 \*\*\*150.00

Principal Place of Business

Mailing Address

1499 W PALMETTO PARK ROAD  
STE 405  
BOCA RATON FL 33486  
US

1499 W PALMETTO PARK RD  
STE 405  
BOCA RATON FL 33486-3324  
US

916224

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 65-0050871

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

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

LESKAR, DAVID W.  
409 S.E. 7TH ST  
FT. LAUDERDALE FL 33301

Name

SHEPARD + LESKAR, P.A.

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

100 S. PINE ISLAND ROAD

SUITE 201

City

PLANTATION

FL

Zip Code

33324

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

*[Signature]* VP DAVID W LESKAR, V.P.

2/15/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME SHELDON HILLS,  
STREET ADDRESS 1499 W PALMETTO PARK RD STE 405  
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  
NAME LORNA HILLS,  
STREET ADDRESS 1499 W PALMETTO PARK RD STE 405  
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
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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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*[Signature]* SHELDON HILLS, PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00

Date

561-7508893

Daytime Phone #