

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K30857

1. Entity Name

PRICE COMMUNICATIONS, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90101 042 ***158.75

Principal Place of Business

6299 POWERS AVENUE
JACKSONVILLE FL 32217

Mailing Address

% P.O. BOX 10846
JACKSONVILLE FL 32247

2. Principal Place of Business

6293 Powers Avenue
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 10846
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Jacksonville FL

4. FEI Number

59-2908733

Applied For

Not Applicable

Zip Country
32217-2287 USA

Zip Country
32247-0846 USA

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

PRICE, IRA B
9100 S. DADELAND BLVD., SUITE 1701
MIAMI FL 33156

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

(NOTE: Registered Agent signature required when reinstating)

4/19/2K
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME PRICE, JONATHAN
STREET ADDRESS 6299-5 POWERS AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32217

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

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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 an other like empowered.

SIGNATURE: Jonathan Price - President 4/19/2K
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)