

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90090 034 \*\*\*150.00

**DOCUMENT # M90847**

1. Entity Name  
**FORENSIC COMMUNICATION ASSOCIATES, INC.**



Principal Place of Business  
**229 SW 43 TERR.  
GAINESVILLE FL 32607  
US**

Mailing Address  
**POST OFFICE BOX 12323  
UNIVERSITY STATION  
GAINESVILLE FL 32604  
US**



☐ CHECK HERE IF MAKING CHANGES

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 <b>59-2903495</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**HOLLIEN, PATRICIA  
229 SW 43 TERRACE  
GAINESVILLE FL 32607**

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	HOLLIEN, PATRICIA A.	NAME	
STREET ADDRESS	229 S.W. 43RD TERRACE	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	SCV	TITLE	
NAME	HOLLIEN, HARRY	NAME	
STREET ADDRESS	229 SW 43 TERR	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32607	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-17-03 352-377-8622**

Date

Daytime Phone #

CR2E034 (10/02)