

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2001 8:00 am**  
**Secretary of State**

05-19-2001 90284 007 \*\*\*\*61.25

DOCUMENT # N000000002133

1. Entity Name

PALM BEACH COUNTY AMATEUR RADIO  
 EMERGENCY SERVICE, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

9485 AEGEAN DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

City & State

Zip

33496

Country

Palm Beach

Zip

Country

4. FEI Number

65-0996458

Applied For

Not Applicable

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

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.

SEAN F. SMYTH

(NOTE: Registered Agent signature required when reinstating)

4/27/01

DATE

FILE NOW:  
 FEE IS \$61.25

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

Make Check Payable to  
 Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME SEAN F. SMYTH  
 STREET ADDRESS 9485 AEGEAN DR.  
 CITY-ST-ZIP BOCA RATON, FL 33496

TITLE ☐ Delete

NAME DAVID MESSINGER  
 STREET ADDRESS 11985 SOUTHERN BLVD #285  
 CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE ☐ Delete

NAME NANCY VERESS  
 STREET ADDRESS 391 MOZART RD  
 CITY-ST-ZIP WEST PALM BEACH FL 33411-4505

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
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NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEAN F. SMYTH

4/27/01

Date

561 995-6123

Daytime Phone #

CR2E037 (11/00)