

2001 UNIFORM BUSINESS REPORT (UBR)

3/7

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-07-2001 90180 001 ***635.00

DOCUMENT # P00000050768

1. Entity Name

GEORGIA PCS CORPORATION

Principal Place of Business

**130 N 4TH ST
 MACCLENNY FL 32063**

Mailing Address

**130 N 4TH ST
 MACCLENNY FL 32063**

2. Principal Place of Business

3. Mailing Address

P. O. Box 485

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Macclenny, FL

4. FEI Number

59-3670872

Applied For

Not Applicable

Zip

Country

US

Zip

32063-0485

Country

US

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

**CONNER, LEON
 130 NORTH FOURTH ST.
 MACCLENNY FL 32063**

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, 2001 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 NAME STREET ADDRESS CITY - ST - ZIP	D CONNER, LEON POST OFFICE BOX 485 MACCLENNY FL 32063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NOBLES, DEBORAH POST OFFICE BOX 485 MACCLENNY FL 32063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EASTERDAY, JANET POST OFFICE BOX 485 MACCLENNY FL 32063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRIFFIS, MIKE POST OFFICE BOX 485 MACCLENNY FL 32063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSS, JOHNNY 120 E. 1ST ST LEWISVILLE AR 71845	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP TOWNES, LATTY C RT. 2, BOX 729 DETROIT TX 75436	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D CONNER, LEON 130 NORTH FOURTH STREET MACCLENNY, FL 32063-2112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D NOBLES, DEBORAH 130 NORTH FOURTH STREET MACCLENNY, FL 32063-2112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D EASTERDAY, JANET 130 NORTH FOURTH STREET MACCLENNY, FL 32063-2112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRIFFIS, MIKE 130 NORTH FOURTH STREET MACCLENNY, FL 32063-2112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HOLLAND, EVELYN H. 130 NORTH FOURTH STREET MACCLENNY, FL 32063-2112	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leon Conner

2/13/01

Date

(904) 259-0620

Daytime Phone #

CR2E034 (10/00)