

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90097 021 \*\*\*150.00

000757 AV

**DOCUMENT # P01000014213**

1. Entity Name  
**P. S. COMMUNICATIONS, INC.**

Principal Place of Business  
**145 GREENCREST DRIVE  
 PONTE VEDRA BEACH FL 32082**

Mailing Address  
**145 GREENCREST DRIVE  
 PONTE VEDRA BEACH FL 32082**

**B0111679**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**32 LITTLE BAY HARBOR**  
 Suite, Apt. #, etc.

3. Mailing Address  
**32 LITTLE BAY HARBOR**  
 Suite, Apt. #, etc.

City & State  
**PONTE VEDRA BEACH**  
 Zip  
**32082**  
 Country  
**USA**

City & State  
**PONTE VEDRA BEACH**  
 Zip  
**32082**  
 Country  
**USA**

4. FEI Number  
**59-3726223**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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

**SCHEURMIER, PETER  
 145 GREENCREST DRIVE  
 PONTE VEDRA BEACH FL 32082**

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

Name **PETER SCHEURMIER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**32 LITTLE BAY HARBOR**  
 City **PONTE VEDRA BEACH FL** Zip Code **32082**

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 **PETER J. SCHEURMIER** **4/29/2002**  
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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D SCHEURMIER, PETER 145 GREENCREST DRIVE PONTE VEDRA BEACH FL 32082</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P/S/D PETER SCHEURMIER 32 LITTLE BAY HARBOR PONTE VEDRA BEACH, FL 32082</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **PETER SCHEURMIER** **4/29/2002** **(904) 280-3151**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)