

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PO1000017193**

1. Entity Name  
**J, R, B. COMMUNICATIONS SYSTEMS, INC.**

FILED

02 NOV 15 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**441 HIGH VIEW LANE  
LAKELAND, FL 33803**

Mailing Address  
**3355 W. BEARSS AVE  
TAMPA, FL 33613**

2. Principal Place of Business  
**441 HIGH VIEW LANE**

3. Mailing Address  
**3355 W. BEARSS AVE.**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**LAKELAND, FL**

City & State  
**TAMPA, FL**

4. FEI Number  
**59-3697701**

Applied For  
 Not Applicable

Zip  
**33803**

Country  
**USA**

Zip  
**33618**

Country  
**USA**

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

6. Name and Address of Current Registered Agent  
**WALTER SANDERS  
3355 W. BEARSS AVE.  
TAMPA, FL 33618**

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 *Walter Sanders* *Walter Sanders* **11/12/02**

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	<b>DIRECTOR JAMES RYAN BEALE 441 HIGH VIEW LANE LAKELAND, FL 33803</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR MONICA ELAINE BEALE 441 HIGH VIEW LANE LAKELAND, FL 33803</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>500009023415 11/15/02--01055--020 **150.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: *James Beale* **11-12-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)

WS

Walter S. Sanders & Associates, P.A.

ACCOUNTANT • TAX SPECIALIST • BUSINESS CONSULTANT

November 12, 2002

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

RE: J.R.B. Communications Systems, Inc.  
Document# P01000017193

Dear Sir or Madam:

We are in receipt of the Certificate of Administrative Dissolution or Revocation, dated October 4, 2002, copy enclosed.

Please be advised it was recently discovered that the original 2002 Annual Report/Uniform Business Report form was never received by the above referenced corporation from your office and, therefore, was not timely filed.

Enclosed, please find a handwritten report and a check in the amount of \$150.00 to cover the filing fee for same. Please waive the applicable reinstatement fee which would be due in view of the fact that the original documents were never received from your office.

Your understanding and prompt response to our request is appreciated.

If you require any further information regarding this matter, please feel free to contact my office.

Thank you.

Sincerely,



Walter S. Sanders

WSS/sw