

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90130 007 ***150.00

DOCUMENT # P01000031695

1. Entity Name
COMMUNICATION SOURCE, INC.



Principal Place of Business
808 N WITT LANE
CANTONMENT FL 32533

Mailing Address
808 N WITT LANE
CANTONMENT FL 32533



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 **59-3706826**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SPIROS, STEVEN G
808 N WITT LANE
CANTONMENT FL 32533

7. Name and Address of New Registered Agent

Name **Allison P. Manning**
Street Address (P.O. Box Number is Not Acceptable)
808 North Witt Ln.
City **Cantonment** FL Zip Code **32533**

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 **Allison P. Manning** President **Allison P. Manning** 7/18/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|--|
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | SPIROS, STEVEN G | |
| STREET ADDRESS | 560 TIGER AVE. | |
| CITY-ST-ZIP | POST FALLS ID 83854 | |
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | MANNING, DANIEL H | |
| STREET ADDRESS | 808 N. WITT LN. | |
| CITY-ST-ZIP | CANTONMENT FL 32533 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | MANNING, ALLISON P | |
| STREET ADDRESS | 808 N. WITT LN | |
| CITY-ST-ZIP | CANTONMENT FL 32533 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | SPIRES, ANGELA | |
| STREET ADDRESS | 560 TIGER AVE. | |
| CITY-ST-ZIP | POST FALLS ID 83854 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------------|--|
| TITLE | Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Allison P. Manning | |
| STREET ADDRESS | 808 N. WITT LN. | |
| CITY-ST-ZIP | Cantonment, FL. 32533 | |
| TITLE | Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Allison P. Manning | |
| STREET ADDRESS | 808 North Witt Lane | |
| CITY-ST-ZIP | Cantonment, FL. 32533 | |
| TITLE | President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Allison P. Manning | |
| STREET ADDRESS | 808 North Witt Lane | |
| CITY-ST-ZIP | Cantonment, FL. 32533 | |
| TITLE | Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Allison P. Manning | |
| STREET ADDRESS | 808 North Witt Lane | |
| CITY-ST-ZIP | Cantonment, FL. 32533 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 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: **Allison P. Manning** President **Allison P. Manning** 7-17-03 850-494-0058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)