2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000012045

1. Entity Name

PROFESSIONAL CELLULAR AND PAGING, INC.

Principal Place of Business	Mailing Address
1268 N. HARBOR CITY BLVD. MELBOURNE FL 32935	1268 N. HARBOR CITY BLVD. MELBOURNE FL 32935-7076

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country

4. FEI Number **59-3155693**

Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

HAYWORTH CHANEY & SINCLAIR P A
200 S. HARBOR CITY BLVD.
SUITE 203
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name: G. PHILIP J. ZIES

Street Address (P.O. Box Number is Not Acceptable): 15 SILVER PALM AVE

City: MELBOURNE FL Zip Code: 32901

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 _____ , G. PHILIP J. ZIES 4/27/00

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, 2000 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	D	☑ Delete	TITLE	D, P, T, S	☐ Change ☑ Addition
NAME	MASONE, ANTHONY N.		NAME	DANIEL H. EDEL	
STREET ADDRESS	1268 N. HARBOR CITY BLVD.		STREET ADDRESS	1268 N. HARBOR CITY BLVD.	
CITY-ST-ZIP	MELBOURNE FL 32935		CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	VP	☑ Delete	TITLE		☐ Change ☐ Addition
NAME	MASONE, REAGAN L.		NAME		
STREET ADDRESS	1268 N HARBOR CITY BLVD		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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: _____ DANIEL H EDEL 4/27/00 321/7202020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #