

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90114 026 ***150.00

DOCUMENT # P94000064233

1. Entity Name
PRESSMAN COMMUNICATIONS, INC.



Principal Place of Business
**4400 N. FEDERAL HIGHWAY
SUITE 210
BOCA RATON FL 33431**

Mailing Address
**1800 BYBERRY RD
SUITE 1100
HUNTINGDON VALLEY PA 19006-3523**



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 **65-0515621**

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

PRESSMAN, SCOTT

~~4400 NORTH FEDERAL HWY., NO. 210~~

~~BOCA RATON FL 33431~~

3500 NW BOCA RATON BLVD, SUITE 617

BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

PLEASE CORRECT

Street Address (P.O. Box Number is Not Acceptable)

City

ADDRESS !

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

SCOTT PRESSMAN

1/8/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **PRESSMAN, STEVEN**
STREET ADDRESS **219 HILLTOP DR**
CITY-ST-ZIP **CHURCHVILLE PA 18966**

TITLE **S** ☐ Delete
NAME **CIOCCA, MICHELANGELO**
STREET ADDRESS **12 BRENDAN CT**
CITY-ST-ZIP **HOLLAND PA 18966**

TITLE **T** ☐ Delete
NAME **SMITH, ROWLAND M III**
STREET ADDRESS **86 VERMEER DR**
CITY-ST-ZIP **LANGHORNE PA 19053**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Rowland M. Smith III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03 215 947 2100 X.218

Date

Daytime Phone #

CR2E034 (10/02)