## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 19, 2001 8:00 am Secretary of State DOCUMENT # **P94000092564** PROFESSIONAL COMMUNICATION SERVICES OF BAY COUNT 4-19-2001 90322 008 \*\*\*150.00 Principal Place of Business Mailing Address 8317 FRONT BEACH RD POB 18045 PANAMA CITY BEACH FL 32417 STE 37B 952043 PANAMA CITY BEACH FL 32407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3285131 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCRUGGS, JANET A Street Address (P.O. Box Number is Not Acceptable) 8317 FRONT BEACH RD STE 37B PANAMA CITY BEACH FL 32407 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSDT** TITLE □ Delete TITLE ☐ Change Addition SCRUGGS, JANET A NAME NAME STREET ADDRESS STREET ADDRESS 213 SCOOTER DR. CITY-ST-ZIP CITY-ST-7IP PANAMA CITY BEACH FL 32408 VICE-PRESIDENT OF SALES MONANGE SCRUGGS, CHARLES M 213 Scocter DRIVE PANAMA CITY BEACH, FL 32408 TITLE ☐ Delete TITLE NAME SCRUGGS, CHARLES M NAME STREET ADDRESS STREET ADDRESS 213 SCOOTER DR CITY-ST-7IP CITY-ST-ZIF PANAMA CITY BEACH FL 32408 Vice-President of Operations ☐ Defete TITLE TITLE Smelcer, Jerry Ailed Blud NAME NAME STREET ADDRESS STREET ADDRESS SUDMY HILLS, FL 32428 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 attachagent with an address, with afformer like empowered.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

4/15/01

(850) 233-8733

Change

☐ Change

■ Addition

Addition

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