

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90066 008 \*\*\*150.00

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**DOCUMENT # P94000092564**

1. Entity Name

**PROFESSIONAL COMMUNICATION SERVICES OF BAY COUNT  
Y, INC.**

Principal Place of Business

Mailing Address

**8317 FRONT BEACH RD  
STE 37B  
PANAMA CITY BEACH FL 32407**

**POB 18045  
PANAMA CITY BEACH FL 32417  
US**



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

**59-3285131**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCRUGGS, JANET A  
8317 FRONT BEACH RD  
STE 37B  
PANAMA CITY BEACH FL 32407**

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

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, 2002 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	PSDT	<input type="checkbox"/> Delete
NAME	SCRUGGS, JANET A	
STREET ADDRESS	213 SCOOTER DR.	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	SCRUGGS, CHARLES M	
STREET ADDRESS	213 SCOOTER DR	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	VPO	<input type="checkbox"/> Delete
NAME	SMELCER, JERRY A	
STREET ADDRESS	1668 SUNNY HILLS BLVD	
CITY-ST-ZIP	SUNNY HILLS FL 32428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

*Janet A Scruggs* **Janet A Scruggs, Pres.** 4/2/02 (850) 233-8733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)