2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000037408**

1. Entity Name

A TO Z COMMUNICATIONS, INC.

01/8230 AV

Principal Place of Business	Mailing Address
12239 NW 35TH STREET CORAL SPRINGS FL 33065	12239 NW 35TH STREET CORAL SPRINGS FL 33065

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

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0663535** — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KARCZ, ANDREW 12239 NW 35TH STREET CORAL SPRINGS FL 33065	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

CR2E034 (9/01)

11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KARCZ, PHYLLIS 6938 N.W. 33RD ST MARGATE FL 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KARCZ, ANDREW 6938 N.W. 33RD ST MARGATE FL 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KLEMPOSKY, MICHELLE 2841 NW 91ST STREET #201 CORAL SPRINGS FL 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KREMPOSKY, Michelle 8964 NW 54th St. Sunrise, FL 33351	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KAREZ, BRIAN 3441 NW 70TH AVENUE MARGATE FL 33063	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KARCZ, BRIAN	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ REQUIRED   4-19-02   954-753-7922

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