

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90146 034 ***150.00

DOCUMENT # P96000055005

1. Entity Name
PRINCE COMMUNICATIONS, INC.



Principal Place of Business
**1600 CAPITAL CIRCLE S.W.
TALLAHASSEE FL 32310**

Mailing Address
**1600 CAPITAL CIRCLE S.W.
TALLAHASSEE FL 32310**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3422786

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LOWE, FRANCES C
1600 CAPITAL CIRCLE S.W.
TALLAHASSEE FL 32310**

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

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFVD
HARDY, ROBERT
1600 CAPITAL CIRCLE S.W.
TALLAHASSEE FL 32310** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO / Director
Hardy, Robert
1600 Capital Circle SW
Tallahassee, FL 32310** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COB
PRINCE, ROBERT
1600 CAPITAL CIRCLE S.W.
TALLAHASSEE FL 32310** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSDC
LOWE, FRANCES C
1600 CAPITAL CIRCLE S.W.
TALLAHASSEE FL 32310** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO/Director
Lowe, Frances C
1600 Capital Circle SW
Tallahassee, FL 32310** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Weaver, Allen
1600 Capital Circle SW
Tallahassee FL 32310** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Horning, Bob
1600 Capital Circle SW
Tallahassee, FL 32310** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary
Musgrove, Lani
1600 Capital Circle SW
Tallahassee, FL 32310** ☐ Change ☒ Addition

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:

Frances C. Lowe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-03

Date

575-0189

Daytime Phone #

CR2E034 (10/02)