

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90482 027 \*\*\*150.00

**DOCUMENT # P96000083327**

1. Entity Name

J-COMM TELEPHONE AND COMMUNICATIONS SYSTEMS, INC.



Principal Place of Business

3379 GREENBRIAR CIRCLE  
SUITE B  
GULF BREEZE FL 32561-2805

Mailing Address

3379 GREENBRIAR CIRCLE  
SUITE B  
GULF BREEZE FL 32561-2805

10030024



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

2005 Third Street

Suite, Apt. #, etc.

City & State

Kenner, LA.

Zip

70062

Country

4. FEI Number

59-3401942

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, MARTIN A  
3379 GREENBRIAR CIRCLE  
SUITE A  
GULF BREEZE FL 32561-2805

7. Name and Address of New Registered Agent

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

*Wayne Johnson*

2-26-03

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  
NAME JOHNSON, MARTIN A  
STREET ADDRESS 3379 GREENBRIAR CIRCLE #A  
CITY-ST-ZIP GULF BREEZE FL ☐ Delete

TITLE VP  
NAME JOHNSON, G.W.  
STREET ADDRESS 32619 MERCIER RD  
CITY-ST-ZIP DENHAM SPRINGS LA ☐ Delete

TITLE S  
NAME JOHNSON, CHRISTINE F.  
STREET ADDRESS 3379 GREENBRIAR CIR #A  
CITY-ST-ZIP GULF BREEZE FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

*Wayne Johnson*

2-26-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)