

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90461 034 ***150.00

DOCUMENT # P96000097380

1. Entity Name

WALL STREET COMMUNICATIONS, INC.



Principal Place of Business
**624 EAST TARPON AVENUE
TARPON SPRINGS FL 34689**

Mailing Address
**624 EAST TARPON AVENUE
TARPON SPRINGS FL 34689**



2. Principal Place of Business

2716 St. Andrews Blvd.

3. Mailing Address

2716 St. Andrews Blvd.

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Tarpon Springs FL.

City & State

Tarpon Springs FL.

Zip

34688

Country

USA

Zip

34688

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3413930

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KAGAN, EDWIN B
2709 ROCKY POINT DRIVE
SUITE 102
TAMPA FL 33607**

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

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 **PD** ☐ Delete
NAME **SCALA, HOWARD A**
STREET ADDRESS **624 E TARPON AVE**
CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE **STD** ☐ Delete
NAME **SCALA, LAURIE C**
STREET ADDRESS **624 E TARPON AVE**
CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2716 St Andrews Blvd. Suite 200**
CITY-ST-ZIP **Tarpon Springs FL. 34688**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2716 St. Andrews Blvd. Suite 200**
CITY-ST-ZIP **Tarpon Springs, FL. 34688**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)