

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080133

1. Entity Name

PC COMMUNICATIONS, INC.

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90254 023 ***150.00

Principal Place of Business

Mailing Address

~~8028 TOWNE COURT~~
~~ORLANDO FL 32818-5769~~
~~US~~

~~8028 TOWNE COURT~~
~~ORLANDO FL 32818-5769~~
~~US~~

2. Principal Place of Business

13360 West Colonial Dr.

3. Mailing Address

13360 West Colonial Dr.

Suite, Apt. #, etc.

Suite 450

Suite, Apt. #, etc.

Suite 450

City & State

Winter Garden, FL

City & State

Winter Garden, FL

Zip

34707

Country

Orange

Zip

34707

Country

Orange



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3472096

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

CAUDLE, R. PATRICK
13380 WEST COLONIAL DRIVE SUITE 450
WINTER GARDEN FL 34787

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, 2001 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 D ☐ Delete
NAME CAUDLE, R. PATRICK
STREET ADDRESS 13360 WEST COLONIAL DRIVE SUITE 450
CITY-ST-ZIP WINTER GARDEN FL 34787

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

R. Patrick Caudle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/01

Date

(407) 877-3777

Daytime Phone #

CR2E034 (10/00)

0481362