

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**  
 04-30-2002 90228 036 \*\*\*150.00

**DOCUMENT # P97000080133**

1. Entity Name

**PC COMMUNICATIONS, INC.**

Principal Place of Business  
**13360 WEST COLONIAL DRIVE**  
**SUITE 450**  
**WINTER GARDEN FL 34787**  
**US**

Mailing Address  
**13360 WEST COLONIAL DRIVE**  
**SUITE 450**  
**WINTER GARDEN FL 34787**  
**US**

2. Principal Place of Business  
**120 W. CROWN POINT RD.**

3. Mailing Address  
**120 W. CROWN POINT RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 103**

**SUITE 103**

City & State

City & State

**WINTER GARDEN, FL**

**WINTER GARDEN, FL**

Zip

Country

Zip

Country

**34787**

**USA**

**34787**

**USA**



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  
**CAUDLE, R. PATRICK**  
 Street Address (P.O. Box Number is Not Acceptable)  
**120 W. CROWN POINT RD., SUITE 103**

City  
**WINTER GARDEN, FL** Zip Code  
**34787**

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**

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  
**D** ☒ Change ☐ Addition  
 NAME  
**CAUDLE, R. PATRICK**  
 STREET ADDRESS  
**120 W. CROWN POINT RD., SUITE 103**  
 CITY-ST-ZIP  
**WINTER GARDEN, FL 34787**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
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TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 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** **R. PATRICK CAUDLE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**407-877-3777**

Daytime Phone #

CR2E034 (9/01)