

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019605

1. Entity Name
COMMUNICATION PRODUCTS AND SOLUTIONS, INC.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90014 019 ***150.00

Principal Place of Business
204 LOUISIANA DR
MEXICO BEACH FL 32410
US

Mailing Address
P O BOX 14070
MEXICO BEACH FL 32410
US

975932



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3497997

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

LYNN, LOUIS
204 LOUISIANA DR
MEXICO BEACH FL 32410

Name Lynn, Barbara
Street Address (P.O. Box Number is Not Acceptable) 204 Louisiana Drive
City Mexico Beach FL 32410-4070

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 Barbara Lynn
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-30-01
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 PD
NAME LYNN, LOUIS
STREET ADDRESS P O BOX 14070
CITY-ST-ZIP MEXICO BEACH FL 32410 ☐ Delete

TITLE D
NAME Lynn, Louis
STREET ADDRESS 204 Louisiana Dr
CITY-ST-ZIP Mexico Beach, FL 32410-4070 ☒ Change ☐ Addition

TITLE SDT
NAME LYNN, BARBARA
STREET ADDRESS P O BOX 14070
CITY-ST-ZIP MEXICO BEACH FL 32410 ☐ Delete

TITLE PSDT
NAME Lynn, Barbara
STREET ADDRESS 204 Louisiana Dr
CITY-ST-ZIP Mexico Beach, FL 32410-4070 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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: Barbara Lynn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01
Date
850 648-8343
850 648-5274
Daytime Phone #

CR2E034 (10/00)