

2001 UNIFORM BUSINESS REPORT (UBR)

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

09-12-2001 90159 008 ***150.00

DOCUMENT # P98000044593

1. Entity Name

PROVERB COMMUNICATIONS SERVICES, INC.

Principal Place of Business

**5208 PALM DRIVE
 FORT PIERCE FL 34982**

Mailing Address

**5208 PALM DRIVE
 FORT PIERCE FL 34982**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0848443

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

**PROVERB, DAVID
 5208 PALM DRIVE
 FORT PIERCE FL 34982**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 NAME STREET ADDRESS CITY-ST-ZIP	P PROVERB, DAVID 5208 PALM DRIVE FT PIERCE FL 34982	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PROVERB, DONNA 5208 PALM DRIVE FT PIERCE FL 34982	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

David M. Proverb **DAVID M. PROVERB PRES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-465-7271

CR2E034 (5/01)

Attachment Doc # P98000044593

A0085493

PROVERB

5208 Palm Drive
Fort Pierce, FL 34982

Ph: 561-465-7271
Fax: 561-466-3283

COMMUNICATION SERVICES, INC.

September 7, 2001

Florida Department of State / Division of Corporations

Re: 2001 Uniform Business Report

Dear Sir or Madam:

As per a recent receipt of our 2001 Uniform Business Report showing delinquency of payment and that, the amount due is now \$550. After reading the report, I placed a telephone call to your office questioning the late fee and I was told that this was in fact the second mailing. I offered an explanation and apology for the error. I explained to very helpful individual that the late notification for the 2001 Uniform Business Report was the first copy received regarding the annual report. The agent I spoke to from your office explained to me that other companies have experienced this problem as well, and that she recommended that I write this letter explaining this situation. She said to send in the report with the letter attached and to include my annual fee for \$150.00, and that your office would review this matter and contact me if there were any additional problems. Therefore, please realize that the lack of payment in a timely manner was not out of negligence.

Sincerely,



David M. Proverb
President

FEIN 65-0848443