## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 26, 2001 8:00 am DOCUMENT # P98000075710 **Secretary of State** G & R RADIO COMMUNICATIONS, INC. 01-26-2001 90110 011 \*\*\*150.00 Principal Place of Business Mailing Address 18628 BELVEDERE ROAD 18628 BELVEDERE ROAD **LUUUJU4**U ORLANDO FL 32820 ORLANDO FL 32820 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3531354 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PICKARSKI, GREGORY E Street Address (P.O. Box Number is Not Acceptable) 18628 BELVEDERE ROAD ORLANDO FL 32820 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 Change ☐ Addition TITLE Delete TITLE HALL, PAULA J NAME NAME 3198 SUNBEAM CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34744 CITY-ST-7IP ☐ Delete Addition TITLE TITLE ☐ Change PICKARSKI, GREG NAME NAME 18628 BELVEDERE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32820 CITY-ST-ZIP Delete TITLE Change ☐ Addition HALL, RICHARD NAME NAME 3198 SUNBEAM CT STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP KISSIMMEE FL 34744 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

Pick 255k. 1-16-01 407-568-2641