

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90971 031 ***150.00

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DOCUMENT # **P98000088212**

1. Entity Name
PCNA COMMUNICATIONS CORPORATION



Principal Place of Business
**PO BOX 280
LAKE HELEN FL 32744-0280**

Mailing Address
**PO BOX 280
LAKE HELEN FL 32744-0280**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3544957**

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

**BALISE, PETER S
186 PCNA PARKWAY
LAKE HELEN FL 32744**

Name **DAN RUBIN**

Street Address (P.O. Box Number is Not Acceptable)
186 INDUSTRIAL CENTER DR.

City **LAKE HELEN** FL Zip Code **32744**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **DAN RUBIN, CHAIRMAN**

DATE **2/21/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
NAME **WRIGLEY, J W** Delete
STREET ADDRESS **186 PCNA PARKWAY**
CITY-ST-ZIP **LAKE HELEN FL 32744**

TITLE **DP**
NAME **WRIGLEY, J W** Change Addition
STREET ADDRESS **186 INDUSTRIAL CENTER DRIVE**
CITY-ST-ZIP **LAKE HELEN, FL 32744**

TITLE **TS**
NAME **KOLLER, JAMES M** Delete
STREET ADDRESS **186 PCNA PARKWAY**
CITY-ST-ZIP **LAKE HELEN FL 32744**

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **SYRER, RICHARD R** Delete
STREET ADDRESS **740 SPRINGDALE DRIVE, STE 20 B**
CITY-ST-ZIP **EXTON-PA-19341**

TITLE **D**
NAME **SYREK, RICHARD R.** Change Addition
STREET ADDRESS **940 SPRINGDALE DRIVE, STE 20B**
CITY-ST-ZIP **EXTON, PA-19341**

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE **CDST**
NAME **DAN RUBIN** Change Addition
STREET ADDRESS **186 INDUSTRIAL CENTER DRIVE**
CITY-ST-ZIP **LAKE HELEN, FL 32744**

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **ROBERT LYSZCZARZ** Change Addition
STREET ADDRESS **600 ALEXANDER ROAD**
CITY-ST-ZIP **PRINCETON, NJ 08540**

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE RECTOR WRIGLEY**

DATE **2/21/03** DAYTIME PHONE # **386-228-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAYTIME PHONE #

CR2E034 (10/02)