

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

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

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3544957**

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

**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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/21/03

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**
STREET ADDRESS **186 PCNA PARKWAY**
CITY-ST-ZIP **LAKE HELEN FL 32744**

☐ Delete

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

☒ Change ☐ Addition

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

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

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

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 RECTIFIED WRIGLEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/03 386-228-1000

Date

Daytime Phone #

CR2E034 (10/02)