

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006030

1. Entity Name

Monroe Communications, Inc.

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91335 011 \*\*\*150.00

**00053990**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

2451 McMullen Booth Rd.  
Suite 300  
Clearwater, FL 33759

Mailing Address

2451 McMullen Booth Rd.  
Suite 300  
Clearwater, FL 33759

2. Principal Place of Business

2627 McCormick Drive  
Suite, Apt. #, etc.  
Suite 102

3. Mailing Address

2627 McCormick Drive  
Suite, Apt. #, etc.  
Suite 102

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number

59-3591997

Applied For

Not Applicable

Zip

33759

Country

U.S.

Zip

33759

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75

Additional Fee Required

6. Name and Address of Current Registered Agent

Love, Louanne S.  
121 N. Osceola Avenue 2nd Floor  
Clearwater, FL 33755

7. Name and Address of New Registered Agent

Name

James A. Staack

Street Address (P.O. Box Number is Not Acceptable)

121 N. Osceola Avenue,

Second Floor

City

Clearwater,

FL

Zip Code

33755

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 \$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

TITLE D ☐ Delete  
NAME Charles H. Monroe, III  
STREET ADDRESS 2451 McMullen Booth Rd., Suite 300  
CITY-ST-ZIP Clearwater, FL 33759

TITLE D ☐ Delete  
NAME Chad M. Monroe  
STREET ADDRESS 2451 McMullen Booth Rd., Suite 300  
CITY-ST-ZIP Clearwater, FL 33759

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME Charles H. Monroe, III  
STREET ADDRESS 2627 McCormick Drive, Suite 102  
CITY-ST-ZIP Clearwater, FL 33759

TITLE D ☒ Change ☐ Addition  
NAME Chad M. Monroe  
STREET ADDRESS 2627 McCormick Drive, Suite 102  
CITY-ST-ZIP Clearwater, FL 33759

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 lists empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)