

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037197

1. Entity Name

PCS DIVISION INC.

**FILED**  
**Mar 10, 2000 8:00 am**  
**Secretary of State**

03-10-2000 90015 009 \*\*\*158.75

Principal Place of Business

Mailing Address

5700 OKEECHOBEE BLVD.  
WEST PALM BEACH FL 33417

P.O. BOX 1351  
PONTE VEDRA BEACH FL 32004-1351

2. Principal Place of Business

3. Mailing Address

535-J ATLANTIC BLVD.

535-J ATLANTIC BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ATLANTIC BEACH, FLORIDA

ATLANTIC BEACH, FLORIDA

City & State

City & State

4. FEI Number

65-0914695

Applied For

Not Applicable

Zip

32233

Country

DUVAL

Zip

32233

Country

DUVAL

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, BRIAN J  
5700 ST. AUGUSTINE ROAD  
JACKSONVILLE FL 32207

Name BRIAN J. SMITH

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

535-J ATLANTIC BLVD.

ATLANTIC BEACH, FLORIDA

32233

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

3/2/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

X

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	BRIAN LEWIS	
STREET ADDRESS	2900 S. UNIVERSITY DR #9203	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	BRIAN SMITH	<input type="checkbox"/> Delete
NAME	CHIEF FINANCIAL OFFICER	
STREET ADDRESS	125 LAS PALMAS LN	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

BRIAN SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/00

Date

(904) 242-8460

Daytime Phone #

CR2E034 (9/99)