

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90477 012 ***150.00

DOCUMENT # P99000037197

1. Entity Name
PCS DIVISION INC.

Principal Place of Business
**535-J ATLANTIC BLVD
 ATLANTIC BEACH FL 32233**

Mailing Address
**535-J ATLANTIC BLVD
 ATLANTIC BEACH FL 32233**

UUU4400J



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14603 BEACH BLVD STE #800
 Suite, Apt. #, etc.
800

3. Mailing Address
14603 BEACH BLVD STE #800
 Suite, Apt. #, etc.
(SAME)

City & State
JACKSONVILLE BEACH, FLORIDA

City & State

4. FEI Number **65-0914695**

Applied For
 Not Applicable

Zip
32250

Country
U.S.A.

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

**SMITH, BRIAN J
 535-J ATLANTIC BLVD
 ATLANTIC BEACH FL 32233**

Name **BRIAN J. SMITH**

Street Address (P.O. Box Number is Not Acceptable)
14603 BEACH BLVD STE #800

JACKSONVILLE BEACH, FLORIDA

City

FL

Zip Code
32250

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] CHIEF EXECUTIVE OFFICER**

2/20/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEWIS, BRANDON 2800 S UNIVERSITY DR #9203 DAVIE FL 33328	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SMITH, BRIAN 125 LAS PALMAS LN PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BRANDON LEWIS 1407 ST GABRIELLE LN #3313 WESTON, FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHIEF EXECUTIVE OFFICER BRIAN SMITH 1123 24TH STREET N JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **[Signature] CHIEF EXECUTIVE OFFICER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/01
 Date

(904) 716-5443
 Daytime Phone #

CR2034 (10/00)