

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90104 025 ***158.75

DOCUMENT # P99000037197

1. Entity Name
PCS DIVISION INC.



Principal Place of Business
**14603 BEACH BLVD.
SUITE 800
JACKSONVILLE BEACH FL 32250**

Mailing Address
**14603 BEACH BLVD.
SUITE 800
JACKSONVILLE BEACH FL 32250**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0914695

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

**SMITH, BRIAN J
14603 BEACH BLVD.
SUITE 800
JACKSONVILLE BEACH FL 32250**

Name

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

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

SIGNATURE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LEWIS, BRANDON
1407 ST GABRELLE LANE # 3313
WESTIN FL 33326** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LEWIS, BRANDON
14603 BEACH BLVD #800
JACKSONVILLE BEACH, FL 32250** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
SMITH, BRIAN
1122 24TH STREET N
JACKSONVILLE BEACH FL 32250** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
SMITH, BRIAN
14603 BEACH BLVD #800
JACKSONVILLE BEACH, FL 32250** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ 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:

SMITH, BRIAN J
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone (904) 223-8442

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CR2E034 (10/02)