

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90037 012 ***150.00

DOCUMENT # P99000076747

1. Entity Name
PROFESSIONAL COMMUNICATIONS SYSTEMS, INC.

Principal Place of Business
5426 BEAUMONT CENTER BLVD
STE 35
TAMPA FL 33634

Mailing Address
333 E FRANKLIN ST
RICHMOND VA 23219

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2499093

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	BRYAN, J STEWART III	
STREET ADDRESS	333 E FRANKLIN ST	
CITY-ST-ZIP	RICHMOND VA 23219	
TITLE	P	<input type="checkbox"/> Delete
NAME	STEPHEN, RAY A	
STREET ADDRESS	5426 BEAUMONT CTR BLVD. SUITE 35	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ZIMMERMAN, JAMES A	
STREET ADDRESS	100 N TAMPA ST	
CITY-ST-ZIP	TAMPA FL 33601	
TITLE	S	<input type="checkbox"/> Delete
NAME	MAHONEY, GEORGE L	
STREET ADDRESS	333 E FRANKLIN ST	
CITY-ST-ZIP	RICHMOND VA 23219	
TITLE	T	<input type="checkbox"/> Delete
NAME	MORTON, MARSHALL N	
STREET ADDRESS	333 E FRANKLIN ST	
CITY-ST-ZIP	RICHMOND VA 23219	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. Stewart Bryan III	
STREET ADDRESS	333 E. Franklin St.	
CITY-ST-ZIP	Richmond, VA 23219	
TITLE	Vice Pres. & Gen. Manager	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ray A. Stephens	
STREET ADDRESS	5426 Beaumont Ctr. Blvd. Suite 35	
CITY-ST-ZIP	Tampa, FL 33634	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James A. Zimmerman	
STREET ADDRESS	111 North Fourth Street	
CITY-ST-ZIP	Richmond, VA 23219	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/02

(804) 649-6699

Date

Daytime Phone #

CR2E034 (9/01)