

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90090 016 ***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**

☐ CHECK HERE IF MAKING CHANGES

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

SIGNATURE _____ (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	D	<input type="checkbox"/> Delete
NAME	BRYAN, J STEWART III	
STREET ADDRESS	333 E FRANKLIN ST	
CITY-ST-ZIP	RICHMOND VA 23219	
TITLE	VPM	<input type="checkbox"/> Delete
NAME	STEPHENS, 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	111 NORTH FOURTH STREET	
CITY-ST-ZIP	RICHMOND VA 23219	
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	P	<input type="checkbox"/> Delete
NAME	BRYAN, J. STEWART III	
STREET ADDRESS	333 E. FRANKLIN ST	
CITY-ST-ZIP	RICHMOND VA 23219	

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

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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Marshall N. Morton, Treasurer

4/8/03 804-649-6699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)