## FILED 2000 UNIFORM BUSINESS REPORT (UBR) Mar 07, 2000 8:00 am OCUMENT # **P99000106515 Secretary of State Entity Name** PRECISION COMMUNICATION SERVICES INTERNATIONAL, 03-07-2000 90025 004 \*\*\*150.00 المنانية Place of Business المنانية Mailing Address NORTH 30TH STREET 7710 NORTH 30TH STREET FL 33610 TAMPA FL 33610 714247 Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2614033 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FARAGE, NANCY G Street Address (P.O. Box Number is Not Acceptable) 707 N. FRANKLIN STREET, 4TH FLOOR **TAMPA FL 33602** Zip Code City FL i. 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MÅY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Addition CR2E034 (9/99 ☐ Delete ~ Change TITLE ITLE KENNY, DOUGLAS R AME STREET ADDRESS 7710 NORTH 30TH STREET TREET ADDRESS CITY-ST-ZIP ITY-ST-ZIP TAMPA FL 33610 5 E -. Change Addition TITLE Delete STRUE ADAMS NAME AME TOTO NORTH GOTH ST. STREET ADDRESS TREET ADDRESS CITY-ST-7IP ITY-ST-ZIP Change Addition ☐ Delete TITLE ITI F AME NAME MILUAGE MEPNY TREET ADDRESS STREET ADDRESS 7710 NORTH 30 TH ST CITY - ST - ZIP ITY-ST-ZIF TAMPA FL 33610 ☐ Change ☐ Addition Delete ITLE NAME AME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change ΠE NAME AME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP ITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE

3. 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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

TREET ADDRESS

ITY-ST-ZIP