

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**  
03-05-2001 90278 021 \*\*\*150.00

**DOCUMENT # V59155**

1. Entity Name  
**A COURTEOUS COMMUNICATIONS CORPORATION**

Principal Place of Business

723 EAST COLONIAL DR.  
SUITE 210  
ORLANDO FL 32803

Mailing Address

723 EAST COLONIAL DR.  
SUITE 210  
ORLANDO FL 32803

2. Principal Place of Business

**2810 E Robinson St.**  
Suite, Apt. #, etc.

3. Mailing Address

**2810 E Robinson St.**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Orlando, FL**

City & State

**Orlando, FL**

4. FEI Number **59-3142981**

Applied For

Not Applicable

Zip

**32803**

Country

**USA**

Zip

**32803**

Country

**USA**

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

**PRIMICERIO, DORIS L.**  
**723 E. COLONIAL DR.**  
**SUITE 210**  
**ORLANDO FL 32803**

*Address change only*

Name

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

**2810 E Robinson St.**

**ORLANDO, FL**

City

**FL**

Zip Code

**32803**

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 re-registering)

DATE

**2/27/01**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PRIMICERIO, DORIS L.</b>	
STREET ADDRESS	<b>1110 W IVANHOE BLVD UNIT #4</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>PEARSON, JEAN M.</b>	
STREET ADDRESS	<b>4212 KILDAIRE AVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32812</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>2770 Willow Bay Terrace</b>
CITY-ST-ZIP	<b>Casselberry, FL 32707</b>
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	
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	

CR2E034 (10/00)

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

**Doris L Primicerio**

**2/27/01**

Date

**407-896-4800**

Daytime Phone #