

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 577581

1. Entity Name

THE COMMUNICATIONS GROUP, INC.

Principal Place of Business

21045 COMMERCIAL TRAIL
BOCA RATON FL 33486

Mailing Address

21045 COMMERCIAL TRAIL
BOCA RATON FL 33486

2. Principal Place of Business

190 Congress Park Drive

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite 140

Suite, Apt. #, etc.

City & State

Delray Beach FL

City & State

Zip

33445

Country

PB

Zip

Country

6. Name and Address of Current Registered Agent

BIAGIOTTI, RAY
21045 COMMERCIAL TRAIL
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

Ray Biagiotti

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

190 Congress Park Drive

Suite 140

City

Delray Beach

FL

Zip Code

33445

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, 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

TITLE P ☐ Delete
NAME BIAGIOTTI, RAYMOND
STREET ADDRESS 21045 COMMERCIAL TR.
CITY-ST-ZIP BOCA RATON FL 33486

TITLE VP ☐ Delete
NAME BIAGIOTTI, MICHAEL L
STREET ADDRESS 21045 COMMERCIAL TR.
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ 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

4/30/01

Date

501-392-2300

Daytime Phone #

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90467 004 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)