

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001268

1. Entity Name

ASSET CONTROL SERVICES, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90066 043 ***150.00

Principal Place of Business

40 WESTMINSTER ST
PROVIDENCE RI 02903

Mailing Address

40 WESTMINSTER ST
PROVIDENCE RI 02903

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 05-0495952

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, 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	VP	<input type="checkbox"/> Delete
NAME	BERORDINO, ROBERT C	
STREET ADDRESS	11233 ST JOHN INDUSTRIAL PKWY	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	SMITH, KATHLEEN A	
STREET ADDRESS	40 WESTMINSTER ST	
CITY-ST-ZIP	PROVIDENCE RI 02903	
TITLE	S	<input type="checkbox"/> Delete
NAME	PERKINS, ELIZABETH C	
STREET ADDRESS	40 WESTMINSTER STREET	
CITY-ST-ZIP	PROVIDENCE RI 02903	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SCHOTT, STEVEN M	
STREET ADDRESS	4550 NO POINT PKWY	
CITY-ST-ZIP	PROVIDENCE RI 02903	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILIOTTI, STEPHEN A	
STREET ADDRESS	40 WESTMINSTER ST	
CITY-ST-ZIP	PROVIDENCE RI 02903	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MCCULLOUGH, DAN R	
STREET ADDRESS	4550 NO POINT PKWY SUITE 400	
CITY-ST-ZIP	ALPHARETTA GA 30022	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert C. DiBerardino	
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		
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael J. Livatino	
STREET ADDRESS	40 Westminister St	
CITY-ST-ZIP	Providence RI 02940	

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

Elizabeth C. Perkins

Date

Daytime Phone #

CR2E034 (10/00)