

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G24927**

1. Entity Name

ASSOCIATED CONSULTING GROUP, INC.

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90233 034 ***150.00

Principal Place of Business

**P.O. BOX 606
TALL FL 32302**

Mailing Address

**P.O. BOX 606
TALL FL 32302**

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

59-2278490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARMON, HERB
2650 HICKORY RIDGE RD.
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PD** ☐ Delete
NAME **HARMON, HERB**
STREET ADDRESS **2650 HICKORY RIDGE RD.**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **VD** ☐ Delete
NAME **HARMON, JAYNE**
STREET ADDRESS **2650 HICKORY RIDGE RD.**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

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
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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:

Herb Harmon
SIGNATURE REQUIRED

Date

Daytime Phone #

7-15-2001

(850) 386-3895

0109462 AT

CR2E034 (5/01)

Attachment

ACG

Associated Consulting Group, Inc.

Doc #

100780266
G 24927

July 16, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sirs:

This is the third consecutive year that the "second" notice for corporate filing has arrived without benefit of the "first notice".

Per instructions, a check in the amount of \$150.00 is enclosed for our 2001 Uniform Business Report.

Please take whatever steps are necessary to insure that we are included in the first mailing.

Thank you,



Herb Harmon
Pres