

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 APR 27 PM 6:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000002687

1. Entity Name

Americomm, LLC
AMERICOMM ACQUISITION COMPANY, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

576 Riverside Drive

Suite, Apt. #, etc.

3. Mailing Address

5534 National Turnpike

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Louisville, KY

Zip

33071

Country

Broward

Zip

40214

Country

Jefferson

4. FEI Number

54-2015618

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Morrell Knapf

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

576 Riverside Drive

City

Coral Springs

FL

Zip Code

33071

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

See Attached

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME *President*
STREET ADDRESS *David Craig*
CITY-ST-ZIP *813 River Strand*
Chesapeake, VA 23320

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME *Vice-President*
STREET ADDRESS *Heywood Giron*
CITY-ST-ZIP *19 Coggins Lane*
West Orange, NJ 07052

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME *Secretary*
STREET ADDRESS *Dennis Halliburton*
CITY-ST-ZIP *1013 Colonel Anderson Pkwy*
Louisville, KY 40222

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
600004195176-3
-05/11/01--01030--008
******50.00 *****50.00*

TITLE ☐ Delete
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Dennis Halliburton

DENNIS HALLIBURTON

4/26/01

501-367-6441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

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☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Noreen Krapf

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

576 Riverside Drive

City

Coral Springs

FL

Zip Code

33071

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SIGNATURE

Noreen Krapf

Signature, typed or printed name of registered agent and fee 7 applicable

(NOTE: Registered Agent signature required when replacing)

DATE

4/26/01

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SIGNATURE:

Dennis Halliburton

DENNIS HALLIBURTON

DATE

4/26/01

DAYTIME PHONE

502-367-6441