

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2002 8:00 am**  
**Secretary of State**

01-17-2002 90015 016 \*\*\*\*55.00

**DOCUMENT # M00000002687**

1. Entity Name  
**AMERICOMM, LLC**

Principal Place of Business

**576 RIVERSIDE DR.  
 CORAL SPRINGS FL 33071**

Mailing Address

**5334 NATIONAL TURNPIKE  
 LOUISVILLE KY 40214**

2. Principal Place of Business

3. Mailing Address

**7831 National Turnpike**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Louisville, KY**

Zip

Country

Zip

Country

**40214**

4. FEI Number

**54-2015618**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**KRAPF, NOREEN  
 576 RIVERSIDE DR.  
 CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

Name

**Jan Roelker**

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

**576 Riverside Dr.**

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

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete  
 NAME **CRAIG, DAVID**  
 STREET ADDRESS **813 RIVER STRAND**  
 CITY-ST-ZIP **CHESAPEAKE VA 23320**

TITLE **V** ☐ Delete  
 NAME **GIRION, HEYWOOD**  
 STREET ADDRESS **19 COGGINS LANE**  
 CITY-ST-ZIP **WEST ORANGE NJ 07052**

TITLE **S** ☐ Delete  
 NAME **HALLIBURTON, DENNIS**  
 STREET ADDRESS **1013 COLONEL ANDERSON PKWY**  
 CITY-ST-ZIP **LOUISVILLE KY 40222**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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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 CITY-ST-ZIP

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 CITY-ST-ZIP

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

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:

*(Signature)*

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

Date

Daytime Phone # **1-7-02 502-367-6441**

CR2E083 (9/01)