

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

0376241 AV

**DOCUMENT # M97481**

1. Entity Name  
**OMM ASSOCIATES, INC.**

04-11-2002 90660 002 \*\*\*150.00

Principal Place of Business  
**C/O KONOVER & ASSOCIATES SOUTH, INC.  
7000 W. PALMETTO PARK ROAD, STE. #408  
BOCA RATON FL 33433**

Mailing Address  
**C/O KONOVER & ASSOCIATES SOUTH, INC.  
7000 W. PALMETTO PARK ROAD, STE. #408  
BOCA RATON FL 33433**



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 **13-3486179**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 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

**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 \_\_\_\_\_ (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, 2002 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  
NAME **CPD KONOVER, SIMON** ☐ Delete  
STREET ADDRESS **342 N. MAIN ST., STE. #200**  
CITY-ST-ZIP **WEST HARTFORD CT 06107**

TITLE **VP** ☐ Change ☒ Addition  
NAME **Robert Coppa**  
STREET ADDRESS **7000 West Palmetto Park Road Ste. 408**  
CITY-ST-ZIP **BocaRaton, FL 33433**

TITLE  
NAME **VS ASHENFELTER, MARIA** ☐ Delete  
STREET ADDRESS **7000 W. PALMETTO PARK RD., STE. #408**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE  
NAME **Senior Vice President and See A** ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **AS SILVAY, SANDRA G** ☐ Delete  
STREET ADDRESS **342 N. MAIN ST., STE. #200**  
CITY-ST-ZIP **WEST HARTFORD CT 06107**

TITLE **VP** ☐ Change ☒ Addition  
NAME **Jonathan P. Rosen**  
STREET ADDRESS **7000 West Palmetto Park Rd. Ste. 408**  
CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE  
NAME **T MIRRIONE, KRISTEN** ☐ Delete  
STREET ADDRESS **7000 W. PALMETTO PARK RD., STE. #408**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **CFO COMBS, GREGORY V** ☐ Delete  
STREET ADDRESS **7000 W. PALMETTO PARK RD., STE. #408**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE  
NAME **Vice President** ☐ Change ☒ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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

*Kristen M. Mirrione*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/02

Date

311-394-4224

Daytime Phone #

CR2E034 (9/01)