

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90201 033 ***150.00

DOCUMENT # P00000057826

1. Entity Name

CONGRESS COMMUNICATIONS, INC.

Principal Place of Business

7552 CONGRESS ST., SUITE 5
 NEW PORT RICHEY FL 34653

Mailing Address

7552 CONGRESS ST., SUITE 5
 NEW PORT RICHEY FL 34653

2. Principal Place of Business

6125 Sherwin Drive

3. Mailing Address

6125 Sherwin Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Port Richey FL.

City & State
Port Richey FL.

4. FEI Number

59-3651919

Applied For

Not Applicable

Zip

34668

Country

US

Zip

34668

Country

US

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

KLARER, IRVING M
7825 PRAIRIE DRIVE
PORT RICHEY FL 34668

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

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

IRVING KLARER

(NOTE: Registered Agent signature required when reinstating)

3/13/2001
 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
KLARER, IRVING M
7825 PRAIRIE DRIVE
PORT RICHEY FL 34668 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
DEMAURO, VINCENT
8210 BRENT STREET
PORT RICHEY FL 34668 ☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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

Date

Daytime Phone #

Irving Klarer *3/13/2001* *727-815-9477*

CR2E034 (10/00)