

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000097763

Name
ASSOCIATED COMMUNICATIONS GROUP INC.

FILED

02 APR 15 PM 3:35

Principal Place of Business

34913 VALLEY HILL LANE
EUSTIS FL 32736

Mailing Address

34913 VALLEY HILL LANE
EUSTIS FL 32736

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2535 Barren Oak Ct.

3. Mailing Address

2535 Barren Oak Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DeLand, FL

City & State

DeLand, FL

Zip

32720

Country

Zip

32720

Country

4. FEI Number

59-3676389

Applied For

Not Applied

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name Thomas Sherlock

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

2535 Barren Oak Ct.

City DeLand

FL

Zip Code
32720

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 resigning)

4/11/02

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARLAPIANO, DOMENICK J	
STREET ADDRESS	34913 VALLEY HILL LANE	
CITY-ST-ZIP	EUSTIS FL 32736	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHERLOCK, THOMAS	
STREET ADDRESS	34913 VALLEY HILL LANE	
CITY-ST-ZIP	EUSTIS FL 32736	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOLASHINSKI, NORBERT	
STREET ADDRESS	34913 VALLEY HILL LANE	
CITY-ST-ZIP	EUSTIS FL 32736	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS	000005338510--0	
CITY-ST-ZIP	-04/25/02--01006--001	
	*****61.25 *****61.25	
TITLE	D/Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Sherlock, Thomas	
STREET ADDRESS	2535 Barren Oak Ct.	
CITY-ST-ZIP	DeLand, FL 32720	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	Mary Jane Kolashinski	
STREET ADDRESS	2535 Barren Oak Ct.	
CITY-ST-ZIP	DeLand, FL 32720	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: V

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02 386-734-6115