

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90041 008 ***150.00

DOCUMENT # P02000123242

1. Entity Name
**AFFORDABLE SATELLITE AND CELLULAR
COMPANY, INC.**



Principal Place of Business
260 ST RD 16
ST AUGUSTINE, FL 32084

Mailing Address
260 ST RD 16
ST AUGUSTINE, FL 32084

90131061

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

01-0755376

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

REICH, ROBERT
260 ST RD 16
ST AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

AFTER May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME REICH, ROBERT
STREET ADDRESS 451 BANNOCK DR
CITY-ST-ZIP CLYDE, NC 28721

TITLE
NAME
STREET ADDRESS 2266 OSCEOLA FOREST COURT
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE V
NAME REICH, KEITH
STREET ADDRESS 217 VINTAGE OAKS CIRCLE
CITY-ST-ZIP ST AUGUSTINE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST
NAME REICH, DOROTHY
STREET ADDRESS 451 BANNOCK DR
CITY-ST-ZIP CLYDE, NC 28721

TITLE
NAME
STREET ADDRESS 2266 OSCEOLA FOREST COURT
CITY-ST-ZIP JACKSONVILLE, FL 32259

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

Robert L. Reich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

904) 819-0484

Daytime Phone #

Robert L. Reich

CR2E034 (10/02)