

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90177 006 ***150.00

DOCUMENT # P06006

1. Entity Name

ASSOCIATED CONTRACTORS OF CONNEAUT LAKE, INC.

Principal Place of Business

**664 WATER STREET
 CONNEAUT LAKE PA 16316**

Mailing Address

**664 WATER STREET
 CONNEAUT LAKE PA 16316**

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

25-1090324

Applied For

Not Applicable

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

**MOSS, ROBERT S.
 5826 CORPORATION CRCL.
 AGI/CALOREX BLDG.
 FT.MYERS FL 33905**

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

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

(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	VD	<input type="checkbox"/> Delete
NAME	MOSS, ROBERT S.	
STREET ADDRESS	SHADY DRIVE PO BOX 103	
CITY-ST-ZIP	CONNEAUT LAKE PA 16316	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNSON, LANCE A.	
STREET ADDRESS	213 WOOD ST.	
CITY-ST-ZIP	MEADVILLE PA	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WATSON, DANIEL	
STREET ADDRESS	RD #3 BOYLE ROAD	
CITY-ST-ZIP	CCOCHRANTON PA	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RAY, GEORGE A	
STREET ADDRESS	10679 EASTVIEW DR	
CITY-ST-ZIP	MEADVILLE PA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS ROBERT S	
STREET ADDRESS	180 N Second St	
CITY-ST-ZIP	Conneaut LAKE PA 16316	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

George A. Ray II

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-02 (814) 382-8194

CR2E034 (9/01)