

2000 UNIFORM BUSINESS REPORT (UBR)

02-08-2000 90156 022 ***150.00

P93000008109

DOCUMENT # P93000008109

1. Entity Name

COMMUNICATIONS GROUP OF AMERICA, INC.

FILED

00 SEP -5 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

COMMUNICATIONS GROUP OF AMERICA

4417 S.E. 16th PLACE, SUITE 11 SAME

CAPE CORAL FL 33904

2. Principal Place of Business

3523 Del Prado Blvd.

3. Mailing Address

PO Box 100488

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral FL

City & State

Cape Coral Florida

4. FEI Number

65-0396645

Applied For

Not

Zip

33904

Country

Lee

Zip

33910

Country

Lee

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

Name

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

City

Cape Coral

FL

Zip Code

33904

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

Lorraine L. Chubokas President

2-7-2000

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	☐ Delete
NAME	CHUBOKAS, LORRAINE L	
STREET ADDRESS	216 S.E. 19TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐
NAME		
STREET ADDRESS	4417 S.E. 16th PLACE, SUITE 11	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE		☐ Change ☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐
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:

Lorraine L. Chubokas

7-28-2000

Date

Daytime Phone #

941-540-2242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR