

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91186 041 ***150.00

DOCUMENT # P93000008109

1. Entity Name
COMMUNICATIONS GROUP OF AMERICA, INC.

Principal Place of Business

3523 DEL PRADO BLVD
CAPE CORAL FL 33904

Mailing Address

P.O. BOX 100488
CAPE CORAL FL 33910



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1031 CAPE CORAL PARKWAY

Suite, Apt. #, etc.
204

3. Mailing Address

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

City & State

Zip

Country

33904

Zip

Country

4. FEI Number

65-0396645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHUBOKAS, LORRAINE
216 S.E. 19TH TERRACE
CAPE CORAL FL 33990

7. Name and Address of New Registered Agent

Name **Tom Chubokas**

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

216 SE 19th Terrace

City **Cape Coral**

FL

Zip Code **33990**

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 Chubokas

4-14-02

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

TITLE	PD
NAME	CHUBOKAS, LORRAINE L
STREET ADDRESS	7210 SE 15TH TERRACE
CITY-ST-ZIP	CAPE CORAL FL 33990
TITLE	S <input type="checkbox"/> Delete
NAME	CHUHOKAS, TOM
STREET ADDRESS	216 SE 19TH TERRACE
CITY-ST-ZIP	CAPE CORAL FL 33990
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Thomas-Chubokas <input checked="" type="checkbox"/> Change
NAME	216 SE 19th Terrace
STREET ADDRESS	Cape Coral, FL 33990
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	
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:

Lorraine Chubokas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-02

Date

941-5402142

Daytime Phone #

CR2E034 (9/01)