

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000062894**

1. Entity Name

ACS - ASSOCIATED CONTRACTUAL SERVICES, INC.

FILED

01 APR 30 PM 3:14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**36546 THORN HAVEN LANE
DADE CITY, FL 33523**

2. Principal Place of Business

3. Mailing Address

45 ABOVE

45 ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3394424

Applied For

Not Applicable

5. Certificate of Status Desired **3** ☒

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RAFAEL ROBLES ESA
2150 MARINER BLVD.
SPRING HILL, FL 34604**

7. Name and Address of New Registered Agent

Name **BARTOLOME COLOM**
Street Address (P.O. Box Number is Not Acceptable)
36424 FLORIE MAE LN
City **DADE CITY** **FL** Zip Code **33523**

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)

BARTOLOME COLOM

04/10/01

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, 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 **PRESIDENT** ☐ Delete
NAME **BARTOLOME COLOM**
STREET ADDRESS **36424 FLORIE MAE LN**
CITY-ST-ZIP **DADE CITY FL 33523**

TITLE **SECRETARY** ☒ Delete
NAME **RAFAEL ROBLES**
STREET ADDRESS **2150 MARINER BLVD**
CITY-ST-ZIP **SPRING HILL FL 34609**

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 ☐ Addition
NAME **GOOD004217216**
STREET ADDRESS **-05/15/01--01073--006**
CITY-ST-ZIP ******176.25 *****176.25**

TITLE ☒ Change ☐ Addition
NAME **SECRETARY**
STREET ADDRESS **ROBERT GRIMLEY**
CITY-ST-ZIP **13133 108 N AVE. NORTH
LARGO, FL 33774**

TITLE ☐ Change ☒ Addition
NAME **VICE PRESIDENT**
STREET ADDRESS **ROSA COLOM**
CITY-ST-ZIP **36424 FLORIE MAE LN
DADE CITY FL 33523**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 empowerments.

SIGNATURE: **Bartolome Colom**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

04/10/01
Date

(352) 523-2078
Telephone #

CR2E034 (11/00)