

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2002 8:00 am**  
**Secretary of State**

02-12-2002 90086 001 \*\*\*552.50

02/12/02 AV

**DOCUMENT # P96000062894**

1. Entity Name  
**ACS-ASSOCIATED CONTRACTUAL SERVICES, INC.**

Principal Place of Business  
**36546 THORN HAVEN LANE**  
**DADE CITY FL 33523**  
**US**

Mailing Address  
**36546 THORN HAVEN LANE**  
**DADE CITY FL 33523**  
**US**

12020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3394424**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required** (2)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLOM, BARTOLOME**  
**36424 FLORRIE MAE LN**  
**DADE CITY FL 33523**

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

TITLE **S** ☐ Change ☒ Addition  
 NAME **NORTON, BRANDAN**  
 STREET ADDRESS **17320 LINDA VISTA CIRCLE**  
 CITY-ST-ZIP **4772, FL 33765 33549 A.**

TITLE **VP** ☐ Delete  
 NAME **COLOM, ROSA**  
 STREET ADDRESS **36424 FLORIE MAE LN.**  
 CITY-ST-ZIP **DADE CITY FL 33523**

TITLE **T** ☐ Change ☐ Addition  
 NAME **COLOM, BARTOLOME E.**  
 STREET ADDRESS **1000 CUT OFF BLANCH**  
 CITY-ST-ZIP **DADE CITY FL 32765**

TITLE **S** ☒ Delete  
 NAME **GRIMSLEY, ROBERT**  
 STREET ADDRESS **13123 108TH AVE NORTH**  
 CITY-ST-ZIP **LARGO FL 33774**

TITLE **D** ☐ Change ☐ Addition  
 NAME **COLOM, MYRNA**  
 STREET ADDRESS **36424 FLORIE MAE LANE**  
 CITY-ST-ZIP **DADE CITY FL 33523**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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 any address, with all other like empowered.

SIGNATURE:

**SIGNATURE REGISTERED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02

352-323-2078

Date

Daytime Phone #

CR2E034 (9/01)