

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90052 048 ***150.00

DOCUMENT # **P98000035528 ✓**

1. Entity Name

ASSOCIATED CABLE SERVICES,

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

941 N.E. 19th AVE

3. Mailing Address

Suite, Apt. #, etc.

SUITE 310

Suite, Apt. #, etc.

City & State

FT LAUDERDALE, FL

City & State

4. FEI Number

65-0855268

Applied For

Not Applicable

Zip

33304

Country

BROWARD

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JAMES R. ADAMS

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

941 N.E. 19th AVE

SUITE 310

City

FT. LAUDERDALE

State

FL

Zip

33304

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME

STREET ADDRESS

CITY - ST - ZIP

PRESIDENT
JAMES R. ADAMS
941 N.E. 19th AVE, Ste 310
FT. LAUDERDALE, FL 33304

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02

Date

954-767-0185

Daytime Phone #

CR2E034B (12/01)