

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000060136

1. Entity Name

ASSOCIATED FINANCIAL, INC.

Principal Place of Business

7904 WEST DRIVE, STE 102  
NORTH BAY VILLAGE  
FL 33141

Mailing Address

7904 WEST DRIVE, STE 102  
NORTH BAY VILLAGE  
FL 33141

2. Principal Place of Business

7904 WEST DRIVE

Suite, Apt. #, etc.

SUITE 102

City & State

NORTH BAY VILLAGE, FLA

Zip

33141

Country

USA

3. Mailing Address

7904 WEST DRIVE

Suite, Apt. #, etc.

SUITE 102

City & State

NORTH BAY VILLAGE, FLA

Zip

33141

Country

USA

4. FEI Number

65-0887335

Applied For

Not Applicable

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

VINCENT P. KAUFMANN

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

7904 WEST DRIVE

SUITE 102

City

NORTH BAY VILLAGE

FL

Zip Code

33141

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

V. P. Kaufmann

(P/V/S/T) VINCENT P. KAUFMANN 9.17.01

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, 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

NAME

STREET ADDRESS

CITY - ST - ZIP

P/V/S/T. H. ANTHONY FONSECA

☒ Delete

7904 WEST DRIVE, STE 102

NORTH BAY VILLAGE

FL 33141

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DIRECTOR: H. ANTHONY FONSECA

☒ Delete

7904 WEST DRIVE, STE 102

NORTH BAY VILLAGE

FL 33141

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

NORTH BAY VILLAGE

☐ Delete

FL 33141

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

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☐ Delete

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:

V. P. Kaufmann

(VINCENT P. KAUFMANN) 9/17/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TEL: 954/270-1493 Date

Daytime Phone #

954/270-1493

FILED

01 SEP 19 AM 8:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)