

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085657

1. Entity Name
ASHECCA COMMUNICATIONS, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90056 029 ***150.00

Principal Place of Business

~~6565 NORTH "W" STREET~~
~~SUITE 230~~
~~PENSACOLA FL 32505~~

Mailing Address

~~6565 NORTH "W" STREET~~
~~SUITE 230~~
~~PENSACOLA FL 32505~~

702421



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1550 Creighton Rd.

3. Mailing Address

1550 Creighton Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6

6

City & State

Pensacola FL

City & State

Pensacola FL

4. FEI Number

59-3601139

Applied For

Not Applicable

Zip

32504

Country

Escambia

Zip

32504

Country

Escambia

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

BOOKMAN, ALAN B
30 SOUTH SPRING STREET
PENSACOLA FL 32501

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
PAPPAS, MARK ANTHONY
3915 LYNN ORA DRIVE
PENSACOLA FL 32504 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~DVS~~
~~TRINGAS, GARY J~~
~~1273 GREENVIEW LANE~~
~~GULF BREEZE FL 32561~~ ☒ Delete

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

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)