

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90052 001 ***158.75

06/02/23 SP

DOCUMENT # S68937

1. Entity Name

ASSOCIATED ENVELOPE CORPORATION OF FLORIDA, INC.

Principal Place of Business

**1351 WYNOCLIFF DRIVE
 WEST PALM BEACH FL 33414**

Mailing Address

**1351 WYNOCLIFF DRIVE
 WEST PALM BEACH FL 33414**

2. Principal Place of Business

6127 ELSINORE CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 541124

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL.

City & State

LAKE WORTH, FL

4. FEI Number

65-0280639

Applied For

☒ Not Applicable

Zip

33463

Country

USA

Zip

33454

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

VECCHIO, JOSEPH A JR.

2929 E. COMMERCIAL BLVD.

BARNETT BANK TOWER, PENTHOUSE SUITE A

FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

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

TITLE **PD** ☐ Delete
 NAME **COLUCCI, CAROL**
 STREET ADDRESS **1351 WYNOCLIFF DRIVE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE **VP** ☐ Delete
 NAME **COLUCCI, RICHARD**
 STREET ADDRESS **1351 WYNOCLIFF DRIVE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE **S** ☐ Delete
 NAME **CONYETTE, JANET**
 STREET ADDRESS **1277 PINETTA CIRCLE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33414**

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
 STREET ADDRESS **6127 ELSINORE CIRCLE**
 CITY-ST-ZIP **LAKE WORTH, FL 33463**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **6127 ELSINORE CIRCLE**
 CITY-ST-ZIP **LAKE WORTH, FL 33463**

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

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 empowered.

SIGNATURE:

CAROL A. COLUCCI (CAROL A. Colucci)

Date

1-30-02 561-967-5137

Daytime Phone #

CR2E034 (9/01)