2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748142

1. Entity Name

STATE OF	
1	1

FILED Mar 07, 2003 8:00 am § Secretary of State

03-07-2003 90120 009 ****70.00

IILALIII	RESOURCE ALLIANCE OF PA	ASCO, INC.								
Principal Pla 37946 CHURG DADE CITY F US		Mailing Addres PO BOX 2305 DADE CITY FL 3 US				}		åld re bliber år	i e li elski krat	
2. Principal	Place of Business	3. Mailing Addre	ess							
Suite, Apt. #, etc. City & State		Suite, Apt. #	Suite, Apt. #, etc. City & State			☐ CHECK HERE IF MAKING CHANGES				
		City & State			4. FEI Number	4. FEI Number 59-1964612			Applied For Mot Applicable	
Zip	Country	Zip	. Co	ountry	5. Certificate o	f Status Desired		8.75 Ad	lditional	9
	6. Name and Address of Current	Registered Agent		T	7. Name and A	Address of New Re				-
				Name			ogiotorea At	, , , , , , , , , , , , , , , , , , , 		1_
	CON, RONALD A.			Street Addr	ress (P.O. Box Number	is Not Acceptable)	\			4
	HURCH AVE.			01.00171001	tood (t.o.: Box trainbel	is Not Acceptable)				
DADE C	ITY FL 33525				1					7
				City			FL	Zip Coc	de	\forall
8. The abov	e named entity submits this statement fo	r the purpose of obe	anging its sociates					<u> </u>		_
the obliga	ations of registered agent.	rate purpose of che	anging its register	rea onice or ret	gistered agent, or both, !	in the State of Flor	rida. Tam fai	miliar with,	and accept	
SIGNATURE					<u></u>					
	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Registere	ed Agent signature re	equired when reinstating)		DATE			
€	FILE NOW: FEE IS \$61.25		ction Campaign F st Fund Contribut		\$5.00 May Be Added to Fees	Mak Florida	ce Check I a Departn	Payable nent of S	to State	
€	FILE NOW: FEE IS \$61.25 OFFICERS AND DIF	Trus		tion.	Added to Fees	Florida	a Departn	nent of	State	
-	OFFICERS AND DIF	Trus	st Fund Contribut	tion.		Florida	a Departn	CTORS IN	State	
10. TITLE NAME	OFFICERS AND DIF	Trus	st Fund Contribut	tion.	Added to Fees	Florida	a Departn	nent of	State	(0//05)
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIF P MELANCON, RONALD 37946 CHURCH AVE.	Trus	st Fund Contribut 11. TITL	tion.	Added to Fees	Florida	a Departn	CTORS IN	State	7 (10/02)
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF P MELANCON, RONALD 37946 CHURCH AVE. DADE CITY FL 33525	ECTORS	st Fund Contribut 11. Slete TITLI NAM STRE CITY	EE AE EET ADDRESS (-ST-ZIP	Added to Fees ADDITIONS/CHAP	Florida	a Departn	CTORS IN	State	E037
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section (19.07(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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED