

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90319 014 \*\*\*550.00

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AV

**DOCUMENT #** F02000000407

1. Entity Name  
**ASG SECURITIES, INC.**



Principal Place of Business  
**5401 NORTH FEDERAL HWY  
FORT LAUDERDALE FL 33308**

Mailing Address  
**5401 NORTH FEDERAL HWY  
FORT LAUDERDALE FL 33308**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

Zip

Country

4. FEI Number **65-0801763**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DUNN, LISA K**  
**5401 NORTH FEDERAL HWY  
FT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name **CORBETT R. LENZ**

Street Address (P.O. Box Number is Not Acceptable)  
**5401 N. FEDERAL HWY**

City **FORT LAUDERDALE FL** Zip Code **33308**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **CORBETT R. LENZ** DATE **AUG 21<sup>st</sup> 2003**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>LENZ, CORBETT R</b>	
STREET ADDRESS	<b>5401 NORTH FEDERAL HWY</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DUNN, LISA K</b>	
STREET ADDRESS	<b>5401 NORTH FEDERAL HWY</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>	
TITLE	<b>CD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WALPOLE, F. ROSS</b>	
STREET ADDRESS	<b>5401 NORTH FEDERAL HWY</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>C, D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Michael Scillia</b>	
STREET ADDRESS	<b>5401 N. Federal Hwy</b>	
CITY-ST-ZIP	<b>Fort Lauderdale, FL 33308</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **CORBETT R. LENZ** DATE **AUG 21<sup>st</sup> 2003** (954) 202-9990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)