

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90515 050 ***158.75

DOCUMENT # P02000025787



1. Entity Name
ASSET CONTROL SYSTEMS, INC.

Principal Place of Business
**782 NW LEJUNE ROAD STE 200
MIAMI FL 33126**

Mailing Address
**782 NW LEJUNE ROAD STE 200
MIAMI FL 33126**

11003951



2. Principal Place of Business
**782 NW LEJUNE ROAD, STE 429
MIAMI, FL**

3. Mailing Address
**782 NW LEJUNE ROAD, STE 429
MIAMI, FL**

CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.
782 NW LEJUNE ROAD, STE 429

Suite, Apt. #, etc.
782 NW LEJUNE ROAD, STE 429

4. FEI Number **02-0582072**
Applied For
 Not Applicable

City & State
MIAMI, FL

City & State
MIAMI, FL

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

Zip **33126** Country **Dade**

Zip **33126** Country **Dade**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HITT, ELIZABETH B
100 SE 2 ST STE 3550
MIAMI FL 33131**

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WALDHUBER, ROBERT M 782 NW LEJUNE ROAD STE 200 MIAMI FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HALL, JACK D 21252 MT AETNA ROAD HAGERTOWN MD 21742
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WALDHUBER, ROBERT M 782 NW LEJUNE ROAD, STE 429 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Robert M. Waldhuber** **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 April 03

305-443-9696

Date Daytime Phone #

CR2E034 (10/02)