

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90030 027 \*\*\*150.00

**DOCUMENT # P95000066498**  
 1. Entity Name  
**ASA ACCUGRADE, INC.**

Principal Place of Business  
~~125 EXCELSIOR PKWY~~ ~~WINTER SPRINGS FL 32708~~ ~~STE #101~~ **P.O. Box 915103**  
**Longwood, FL 32791-5103**

Mailing Address  
~~125 EXCELSIOR PKWY~~ ~~WINTER SPRINGS FL 32708~~ ~~STE #101~~ **P.O. Box 915103**  
**Longwood, FL 32791-5103**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
**P.O. BOX 915103**  
 Suite, Apt. #, etc.  
 City & State  
**LONGWOOD, FL**  
 Zip  
**32791-5103**  
 Country  
**Seminole**

4. FEI Number  
**59-3346993**  
 Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**HAGER, DIANE**  
**141 SANDY OAKS PLACE**  
**LONGWOOD FL 32779**

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: *Diane Hager, President* DATE: 4/1/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DP HAGER, DIANE <del>125 EXCELSIOR PKWY</del> <del>WINTER SPRINGS FL 32708</del> <b>141 sandy oaks PL</b> <b>LONGWOOD, FL 32779</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAGER, DIANE <del>125 EXCELSIOR PKWY</del> <del>WINTER SPRINGS FL 32708</del> <b>141 sandy oaks PL</b> <b>LONGWOOD, FL 32779</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROPER, STAN <del>125 EXCELSIOR PKWY</del> <del>WINTER SPRINGS FL 32708</del> <b>P.O. BOX 915103</b> <b>LONGWOOD, FL 32791</b>	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 141 sandy oaks PL LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 141 sandy oaks PL LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. BOX 915103 LONGWOOD, FL 32791-5103
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

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: *Diane Hager, Secretary/Pres.* Date: 4/1/02 Daytime Phone #: (407)327-1449  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)