

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90138 035 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000093276

1. Entity Name
ASCENTIA HOLDINGS CORP.

Principal Place of Business Mailing Address
490 ROCKLEY BOULEVARD **490 ROCKLEY BOULEVARD**
VENICE FL 34293 **VENICE FL 34293-4300**

2. Principal Place of Business 3. Mailing Address
1343 MAIN STREET **1343 MAIN STREET**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 302 **Suite 302**

City & State City & State
SARASOTA FL **SARASOTA FL**

Zip Country Zip Country
34236 **U.S.** **34236** **U.S.**

4. FEI Number Applied For
65-0952065 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

TALLMAN, JAMES A
490 ROCKLEY BOULEVARD
VENICE FL 34293

Name
 Street Address (P.O. Box Number is Not Acceptable)
1343 MAIN STREET
Suite 302
 City State Zip Code
SARASOTA **FL** **34236**

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: **JAMES A. TALLMAN** **4/18/00**
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. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete TALLMAN, JAMES A 490 ROCKLEY BOULEVARD VENICE FL 34293	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1343 MAIN STREET Suite 302 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: **JAMES A. TALLMAN** **4/18/00** **(941)365-7334**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)