

AMENDED - AMENDED - AMENDED - AMENDED - AMENDED - AMENDED

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 DEC -5 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000057372

1. Entity Name

THE ASKEW GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15429 N. Florida Ave.

Suite, Apt. #, etc.

3. Mailing Address

15429 N. Florida Ave.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

593454541

Applied For

Not Applicable

Zip

33618

Country

USA

Zip

33618

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Askew, Mary Joyce

Street Address (P.O. Box Number is Not Acceptable)

15429 N. Florida Ave.

City

Tampa

FL

Zip Code

33618

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

Mary Joyce Askew

10/31/02

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	President/Director Askew, Mary Joyce 15429 N. Florida Ave. Tampa, FL 33618	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Paglino, Vincent 15429 N. Florida Ave. Tampa, FL 33618	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300009348093 12/04/02--01045--003 **\$1.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary & Treasurer Copack, Kathleen I. 15429 N. Florida Ave. Tampa, FL 33618	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathleen I. Copack

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/02

Date

813-968-6906 ext. 202

Daytime Phone #

KATHLEEN I. COPACK

11/1/02

CR2E034B (12/01)