

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000124315

**Entity Name:** ALTERNATIVE SYSTEMS DESIGN (ASD), INC.

**Current Principal Place of Business:**

11159 112TH STREET NORTH  
LARGO, FL 33778

**Current Mailing Address:**

11159 112TH STREET NORTH  
LARGO, FL 33778

**FEI Number:** 51-0556197

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RIVES, HOWARD PIII,ESQ  
1265 S MYRTLE AVENUE  
CLEARWATER, FL 33756 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name MURPHY, VICKI L  
Address 11159 112TH STREET NORTH  
City-State-Zip: LARGO FL 33778

Title VPD  
Name STEPHENSON, JAMES  
Address 919 CASTLE POINT TERRACE  
City-State-Zip: HOBOKEN NJ 07030

Title SD  
Name RIVES, MARIE T  
Address 1265 S. MYRTLE AVENUE  
City-State-Zip: CLEARWATER FL 33756

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** VICKI L MURPHY

PRESIDENT

04/09/2017

Electronic Signature of Signing Officer/Director Detail

Date