

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90323 019 \*\*\*158.75

**DOCUMENT # 166755**

1. Entity Name  
**ASIG FUELING MIAMI, INC.**



Principal Place of Business  
**201 S ORANGE AVE  
# 1100  
ORLANDO FL 32801**

Mailing Address  
**201 S ORANGE AVE  
# 1100  
ORLANDO FL 32801  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0785228**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 **PCEO** ☐ Delete  
NAME **RYAN, KEITH P**  
STREET ADDRESS **1825 LAKE ROBERTS CT**  
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **Director** ☐ Change ☒ Addition  
NAME **Keith P. Ryan**  
STREET ADDRESS **1825 Lake Roberts Ct.**  
CITY-ST-ZIP **Windermere, FL 34786**

TITLE **S** ☐ Delete  
NAME **GOLDSTEIN, JOSEPH I**  
STREET ADDRESS **9169 BAY HILL BLVD**  
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **Director** ☐ Change ☒ Addition  
NAME **Jeffrey P. Hartman**  
STREET ADDRESS **488 Misty Lane**  
CITY-ST-ZIP **Winter Park, FL 32789**

TITLE **AT** ☐ Delete  
NAME **RECTOR, RICHARD**  
STREET ADDRESS **2188 BENT OAK DR**  
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **Director** ☐ Change ☒ Addition  
NAME **Robert Pentz**  
STREET ADDRESS **1125 Lake Shadow Cir. #5-202**  
CITY-ST-ZIP **Maitland, FL 32751**

TITLE **CFOV** ☐ Delete  
NAME **HARTMAN, JEFFREY P**  
STREET ADDRESS **1815 GRIFFIN RD STE 300**  
CITY-ST-ZIP **DANIA FL 33004**

TITLE **CFOV** ☒ Change ☐ Addition  
NAME **Hartman, Jeffrey P.**  
STREET ADDRESS **488 Misty Lane**  
CITY-ST-ZIP **Winter Park, FL 32789**

TITLE **D** ☒ Delete  
NAME **HASKINS, ELIZABETH**  
STREET ADDRESS **418 RIVER DRIVE**  
CITY-ST-ZIP **DEBARY FL 32713**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **LEE, STEPHEN W**  
STREET ADDRESS **1613 ONONDAGA**  
CITY-ST-ZIP **GENEVA FL 32732**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: \_\_\_\_\_

**SIGNATURE REQUIRED**

**4-25-03**

**407-648-7235**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)