

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90152 018 ****61.25

DOCUMENT # 717725

1. Entity Name

ASBURY ARMS, INC.

Principal Place of Business

Mailing Address

1430 DIXON BLVD.
 COCOA FL 32922

1430 DIXON BLVD.
 COCOA FL 32922

444555

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7070334

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

WOOTEN, LELAND W JR.
670 NORTH COURTENAY PKWY
MERRITT ISLAND FL 32953

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WINNER, WILLIAM R	
STREET ADDRESS	1002 BARTON BLVD	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	T	<input type="checkbox"/> Delete
NAME	HESLOP, WILLIAM R	
STREET ADDRESS	3507 ROCKY GAP PLACE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	S	<input type="checkbox"/> Delete
NAME	PATRICK, SANDRA B.	
STREET ADDRESS	2816 TULANE DRIVE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	P	<input type="checkbox"/> Delete
NAME	IVEY, WADE A	
STREET ADDRESS	275 EAGLE LANE	
CITY-ST-ZIP	M.I. FL 32953	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEAN, NANCY	
STREET ADDRESS	4420 HARTVILLE AVE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOOTEN JR, LELAND	
STREET ADDRESS	2167 HEDGEROW DR	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Winner, William R	
STREET ADDRESS	1002 Barton Blvd.	
CITY-ST-ZIP	Rockledge, FL 32955	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Perrin, Floyd	
STREET ADDRESS	104 Dudley Dr.	
CITY-ST-ZIP	Rockledge FL 32955	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Langford, Thomas W	
STREET ADDRESS	3 N. Hardee Circle	
CITY-ST-ZIP	Rockledge, FL 32955	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Russell, Carl C	
STREET ADDRESS	1493 Rockledge Dr.	
CITY-ST-ZIP	Rockledge, FL 32955-3719	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larrabee, Carl	
STREET ADDRESS	2622 Horseshoe Ct.	
CITY-ST-ZIP	Cocoa, FL 32926	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilson, Harold L	
STREET ADDRESS	16 Bonaventure Ct.	
CITY-ST-ZIP	Rockledge, FL 32955	

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 617, 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:

WILLIAM R WINNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE