

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90182 023 ****61.25

0062123

DOCUMENT # 767688

1. Entity Name

ASGHSMO ASSEMBLY, INCORPORATED

Principal Place of Business

**245 HOPSON ROAD
P.O. BOX 6
FROSTPROOF FL 33843**

Mailing Address

**245 HOPSON ROAD
P.O. BOX 6
FROSTPROOF FL 33843**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1733796**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NELSON, PATRICIA
170 MIRACLE PLACE
FROSTPROOF FL 33843**

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	PD	<input type="checkbox"/> Delete
NAME	NELSON, JAMES C.	
STREET ADDRESS	170 MIRACLE PLACE	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NELSON, PATRICIA A.	
STREET ADDRESS	170 MIRACLE PLACE	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMILTON, CAROLYN	
STREET ADDRESS	32 ROOSEVELT AVE	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDREWS, DARRELL	
STREET ADDRESS	10723 GLEN ELLEN	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLS, CLARENCE	
STREET ADDRESS	30 TEMPLE COURT	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOBBS, JANET	
STREET ADDRESS	28 MONROE STREET P.O. BOX 1141	
CITY-ST-ZIP	FROSTPROOF FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICIA ANDREWS	
STREET ADDRESS	10723 GLEN ELLEN	
CITY-ST-ZIP	TAMPA, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: *Patricia A. Nelson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-02
Date

Daytime Phone #

CR2E037 (9/01)