

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 25, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # A98000002243**1. Entity Name  
ASI PARTNERS, LTD.

## Principal Place of Business

1410 N WESTSHORE BLVD  
SUITE 600  
TAMPA  
33607

FL

## Mailing Address

1410 N WESTSHORE BLVD  
SUITE 600  
TAMPA  
33607

FL

## 2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

## 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

## 4. FEI Number

**59-3569546**

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

GIORDANO JOHN N  
220 SOUTH FRANKLIN STREET

TAMPA

33602

US

FL

## 7. Name and Address of New Registered Agent

Name

NUGENT BRIAN M

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

1410 N. WESTSHORE BLVD.

SUITE 600

City

TAMPA

**FL**

Zip Code

7

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 **BRIAN M. NUGENT**

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

(NOTE: Registered Agent signature required when reinstating)

**04/25/2001**

DATE

## 9. Capital Contributions

as Shown on record. 200,000.00

## 10. Amount of Capital Contributions

in FLORIDA to date. 77,900.00

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE**  
**SEE REVERSE SIDE FOR FEE INFORMATION****A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

## 12. GENERAL PARTNER INFORMATION

DOCUMENT #  
NAME AGENCY SOLUTIONS OF FLORIDA, INC.  
STREET ADDRESS 1410 N WESTSHORE BLVD SUITE 600  
CITY-ST-ZIP TAMPA FL 33607DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIPDOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIPDOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIPDOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIPDOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **Charles M. Davis, Jr.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

VP

04/25/2001

Date

Daytime Phone #

CR2E003 (11/00)