


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2003 8:00 am**  
**Secretary of State**

02-20-2003 90139 012 \*\*\*150.00

**DOCUMENT # F28645**

1. Entity Name  
**ASA PHOTO/GRAPHICS CORPORATION**



Principal Place of Business  
**106 E GREGORY ST  
PO BOX 829  
PENSACOLA FL 32594**

Mailing Address  
**106 E GREGORY ST  
PO BOX 829  
PENSACOLA FL 32594**



2. Principal Place of Business  
**700 ARMENIA DR  
SUITE A**

3. Mailing Address  
**P.O. Box 829**

Suite, Apt. #, etc. **"A"**

Suite, Apt. #, etc.

City & State  
**PENSACOLA FL**

City & State  
**Pensacola FL**

4. FEI Number **59-2075407**

Applied For  
 Not Applicable

Zip **32505** Country **USA**

Zip **32594** Country **USA**

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

6. Name and Address of Current Registered Agent

**AUDLEMAN, ALFRED L  
106 E GREGORY ST  
PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	<b>AUDLEMAN, ALFRED L</b>	
STREET ADDRESS	<b>7204 TWN LAKES LANE</b>	
CITY-ST-ZIP	<b>PENSACOLA, FL 00000</b>	
TITLE	DST	<input type="checkbox"/> Delete
NAME	<b>AUDLEMAN, WILDA S.</b>	
STREET ADDRESS	<b>7204 TWIN LAKES LANE</b>	
CITY-ST-ZIP	<b>PENSACOLA, FL 00000</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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)(1), 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: Alfred L. Audleman **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/02 850934-1489  
Date / Daytime Phone #

CR2E034 (10/02)