

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000006171

1. Entity Name

ASB ENTERPRISES, INC.

Principal Place of Business

818 W. BROOKS AVE.
NORTH LAS VEGAS NV 89030

Mailing Address

818 W. BROOKS AVE.
NORTH LAS VEGAS NV 89030-7828

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

95-4002247

Applied For

Not Applicable

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

SCHAEFFER, NEIL
27121 EDENBRIDGE COURT
BONITA SPRINGS FL 34135

Name

Neil Schaeffer

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

8452 Gardens Circle #4

City

Sarasota

FL

Zip Code
34243

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.

Neil Schaeffer

(NOTE: Registered Agent signature required when reinstating)

1/20/00

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
BIRD, ALLAN S
818 W. BROOKS AVE.
NORTH LAS VEGAS NV 89030

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
GREEN, PATRICIA M
333 S. JUNIPER ST. #217
ESCONDIDO CA 92025

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Patricia M. Green
818 West Brooks Avenue
North Las Vegas, Nevada 89030
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
BIRD, JOSHUA D
818 W. BROOKS AVE.
NORTH LAS VEGAS NV 89030

☐ Delete

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

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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patricia M. Green
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00 (702) 313-3700

Date

Daytime Phone #

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90092 022 ***158.75



DO NOT WRITE IN THIS SPACE