

2001 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**

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 Applicable5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHAEFFER, NEIL
8452 GARDENS CIRCLE #4
SARASOTA FL 34243**

7. Name and Address of New Registered Agent

Name **Neil Schaeffer**

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

243 North Shore Drive

City

Osprey**FL**Zip Code
34229

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

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, 2001 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

TITLE **PTD** ☐ Delete
NAME **BIRD, ALLAN S**
STREET ADDRESS **818 W. BROOKS AVE.**
CITY-ST-ZIP **NORTH LAS VEGAS NV 89030**TITLE **VS** ☒ Delete
NAME **GREEN, PATRICIA M**
STREET ADDRESS **818 WEST BROOKS AVE**
CITY-ST-ZIP **NORTH LAS VEGAS NV 89030**TITLE **DV** ☐ Delete
NAME **BIRD, JOSHUA D**
STREET ADDRESS **818 W. BROOKS AVE.**
CITY-ST-ZIP **NORTH LAS VEGAS NV 89030**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **Vice President/Secretary** ☒ Change ☐ Addition
NAME **James D. Salo**
STREET ADDRESS **818 W. Brooks Avenue**
CITY-ST-ZIP **North Las Vegas, Nevada 89030**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James D. Salo, Secretary

01/09/01

Date

(702) 315-5195

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90060 001 ***793.75

22851

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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