

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000770

1. Entity Name
ASB KENDALL SERVICES CORP.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHAEFFER, NEIL
8452 GARDENS CIRCLE #4
SARASOTA FL 34243

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
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
VS
GREEN, PATRICIA M
818 W. BROOKS AVENUE
NORTH LAS VEGAS NV 89030 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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