

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91379 022 \*\*\*158.75

0699870 AB

**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

**4. FEI Number** **88-0385296**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MAYHOOD, LYNN**  
**9951 ATLANTIC BOULEVARD, SUITE 440**  
**JACKSONVILLE FL 32225**

**Name**  
**Green Dotson**

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

**3700 Lowry Court**

**City**

**Tampa**

**FL**

**Zip Code**

**33610**

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

Green Dotson 4-25-2003  
(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** **\$5.00 May Be**  
**Trust Fund Contribution.** ☐ **Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

**TITLE** **VPS** ☐ Delete  
**NAME** **LERNER, DAVID M**  
**STREET ADDRESS** **818 W BROOKS AVENUE**  
**CITY-ST-ZIP** **NORTH LAS VEGAS NV 89030**

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

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

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
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**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
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**TITLE** ☐ Change ☐ 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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(702) 313-3700**

CR2E034 (10/02)