

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

FILED

02 MAY 29 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

Asset Property Disposition, Inc.

F98000004257

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

112 West Adams Street P.O. Box 491408

Suite, Apt. #, etc.

Suite 250

City & State

Jacksonville, Fl

32202

Country

3. Mailing Address

P.O. Box 491408

Suite, Apt. #, etc.

City & State

Atlanta, Ga

30348-1408

Country

4. FEI Number

58-2025292

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

CT Corporation

1200 S. Pine Island Road

City

Plantation

FL

33324

**DO NOT WRITE
IN THIS SPACE**

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 fee paid

(NOTE: Registered Agent signature required when terminating)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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-STATE-ZIP
President
O. Jesse Wiles
3674 Riverside Drive
Jacksonville, FL 32205

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

101.25-AR

10.00-ARART

TITLE
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CITY-STATE-ZIP

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88.75-ARSLPP

400.00-Cgra

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000005763520-3
-06/12/02--01066--014
****600.00 ****600.00

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02 404-762-0655

DATE

Signature Phone #

CR2E034B (12/01)



Asset Property Disposition, Inc.

www.assetproperty.com

May 28, 2002

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Reinstatement

To Whom It May Concern:

As we have been doing business in Jacksonville for several years, we do not know why we did not receive any information regarding our status nor did our registered agent in Florida, CT Corporation.

Please waive the reinstatement fee; attached are copies of cancelled checks that were remitted to the local jurisdiction in Jacksonville, Florida to show that we have conducted business in Florida without interruption.

Effective immediately, please send all correspondence to our corporate office in Atlanta, Georgia:
5538-M Old National Highway
Suite 250
Atlanta, Georgia 30349-1408

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read 'O. Jesse Wiles'.

O. Jesse Wiles