2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
03-28-2002 90006 024 ****50.00

DOCUMENT # L01000012710

1. Entity Name
ASAP, LLC

Principal Place of Business	Mailing Address
124 BUCHANAN ROAD WINTER HAVEN FL 33884	124 BUCHANAN ROAD WINTER HAVEN FL 33884

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
124 Buchanan Rd	907 N. Wilson Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. #234
City & State: Winter Haven FL	City & State: Bartow FL
Zip: 33884 Country: Polk	Zip: 33830 Country: Polk

4. FEI Number: 59-3733470 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, NICOLE B
124 BUCHANAN ROAD
WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent

Name: ~~Nicole B. Smith~~
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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: Nicole B Smith 1/17/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	Sole Proprietor	☐ Delete
NAME	Nicole B. Smith	
STREET ADDRESS	124 Buchanan Rd	
CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

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

CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Nicole B Smith SIGNATURE REQUIRED 1/17/02 863 412 1464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #