

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001176

1. Entity Name  
ASP INVESTMENTS L.L.C.

FILED

00 MAR 13 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

823 BRIGHTWATER CIRCLE  
MAITLAND FL 32751

Mailing Address

823 BRIGHTWATER CIRCLE  
MAITLAND FL 32751-4219

2. Principal Place of Business

1600 US Hwy 64W  
Suite, Apt. #, etc.  
164

3. Mailing Address

Same  
Suite, Apt. #, etc.

City & State

Sapphire, N.C.

City & State

Zip Country

28774 USA

4. FEI Number

59-3530075

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

POHL, ARTHUR S  
823 BRIGHTWATER CIRCLE  
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name

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

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

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
POHL, ARTHUR S  
823 BRIGHTWATER CIRCLE  
MAITLAND FL 32751 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition  
400003182774--0  
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dca

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

3/8/00

828-883-828

CR2E083 (9/99)