

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002379

1. Entity Name  
ASSET SOLUTIONS, LLC

Principal Place of Business  
3038-C NORTH FEDERAL HIGHWAY  
FORT LAUDERDALE FL 33306

Mailing Address  
3038-C NORTH FEDERAL HIGHWAY  
FORT LAUDERDALE FL 33319-4358

2. Principal Place of Business  
1011 West 18th Street  
Suite, Apt. #, etc.

3. Mailing Address  
Same  
Suite, Apt. #, etc.

City & State  
Lake Charles LA

City & State

4. FEI Number  
72-1457235

Applied For  
Not Applicable

Zip  
70601

Country

Zip

Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

DAVIS, ROBERT M  
3038-C NORTH FEDERAL HIGHWAY 3800 Invermay Blvd  
FORT LAUDERDALE FL 33306 Suite 209  
Lauderhill FL 33319

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
1011 West 18th Street  
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 *Robert M Davis* Robert M Davis Managing Member 1-18-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

## 9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME DAVIS, ROBERT M  
STREET ADDRESS 3038-C NORTH FEDERAL HIGHWAY 3800  
CITY-ST-ZIP FORT LAUDERDALE FL 33306 ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE MGR  
NAME Robert M DAVIS  
STREET ADDRESS 3800 Invermay Blvd  
CITY-ST-ZIP Suite 209  
Lauderhill FL 33319 ☒ Change ☐ Addition

TITLE  
NAME 300003119383--9  
STREET ADDRESS -02/01/00--01123--005  
CITY-ST-ZIP \*\*\*\*\*55.00 \*\*\*\*\*55.00 ☐ 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

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: *Robert M Davis* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1-18-00 984-*717-0716* X15  
Date Daytime Phone #

FILED  
00 JAN 24 PM 3:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE