

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0073115

DOCUMENT # M01000000943

1. Entity Name  
ASSET CONTROL, LLC



FILED  
03 APR -2 AM 7:53  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJM

Principal Place of Business  
40 WESTMINSTER ST.  
PROVIDENCE RI 02940

Mailing Address  
40 WESTMINSTER ST.  
PROVIDENCE RI 02940

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4/2 ☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 05-0510386

Applied For -  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME BOHLEN, KENNETH C  
STREET ADDRESS 40 WESTMINSTER ST  
CITY-ST-ZIP PROVIDENCE RI 02903 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
600015175846  
04/02/03--01049--004 \*\*50.00

TITLE MGR  
NAME CARTER, BUELL J  
STREET ADDRESS 40 WESTMINSTER ST  
CITY-ST-ZIP PROVIDENCE RI 02903 ☐ Delete

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

TITLE MGR  
NAME LIVATINO, MICHEAL J  
STREET ADDRESS 40 WESTMINSTER ST  
CITY-ST-ZIP PROVIDENCE RI 02903 ☒ Delete

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

TITLE MGR  
NAME CAREY, JOHN F  
STREET ADDRESS 40 WESTMINSTER ST  
CITY-ST-ZIP PROVIDENCE RI 02903 ☐ Delete

TITLE MGR + President  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE MGR  
NAME ROSENBLUM, DAVID G  
STREET ADDRESS 225 TRIANON LANE P.O. BOX 460  
CITY-ST-ZIP VILLANOVA PA 19085 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE Secretary  
NAME William J. Clegg  
STREET ADDRESS 40 Westminister St  
CITY-ST-ZIP Providence RI 02943 ☐ 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:

SIGNATURE REQUIRED

William J. Clegg 3-18-03 401-621-4200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)