2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

M77381 **DOCUMENT #**

1. Entity Name ASLACA, INC.



FILED Jan 16, 2003 8:00 am **Secretary of State**

01-16-2003 90133 009 ***150.00

Mailing Address Principal Place of Business 28732 TAMMI DRIVE 28732 TAMMI DRIVE TAVARES FL 32778 TAVARES FL 32778 3. Mailing Address 2. Principal Place of Business Same 1625 SE86 Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State 59-2894293 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CLARK, RONALD C. 28732 TAMMI DRIVE TAVARES FL 32778 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Delete TITLE Clark, Ronald C 17625 3E 862 Briarcliffe The Villages, FL 32162 TITLE CLARK, RONALD C. NAME 28732 TAMMI DRIVE STREET ADDRESS TAVARES FL CITY-ST-ZIP TITLE SE 864 Briardiffe ct ☐ Delete TITLE NAME CLARK, TREVA J. NAME STREET ADDRESS 28732 TAMMI DRIVE STREET ADDRESS CITY-ST-ZIP TAVARES FL CITY-ST-ZIP ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 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 10 or Block 11 if changed, or on an attack ment with an address, with all other like epiglowered.

SIGNATURE: