

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90001 006 \*\*\*\*\*50.00

**DOCUMENT # M99000000149**

1. Entity Name

**ASSOCIATED SALES GROUP, L.C.**



Principal Place of Business

**777 NORTH HIGHWAY A1A, SUITE 202  
INDIALANTIC FL 32903**

Mailing Address

**777 NORTH HIGHWAY A1A, SUITE 202  
INDIALANTIC FL 32903**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3552167**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CORPAMERICA, INC.  
416 S.E. 15 STREET  
FORT LAUDERDALE FL 33316**

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

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **PORTOLA PACKAGING, INC.**  
STREET ADDRESS **890 FAULSTICH COURT**  
CITY-ST-ZIP **SAN JOSE CA 95112**

TITLE **MGR** ☐ Delete  
NAME **FRITZ, ROBERT A**  
STREET ADDRESS **777 NORTH HIGHWAY A1A, SUITE 202**  
CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE **MGR** ☐ Delete  
NAME **KUEHN, SCOTT D**  
STREET ADDRESS **777 NORTH HIGHWAY A1A, SUITE 202**  
CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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 A Fritz*

**SIGNATURE REQUIRED**

**3/25/03**

**321-726-8480**

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

Date

Daytime Phone #

CR2E083 (10/02)