

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003485

1. Entity Name

ASAF PAC, INC.

Principal Place of Business

4125 PECAN BRANCH RD
TALLAHASSEE FL 32308

Mailing Address

4125 PECAN BRANCH RD
TALLAHASSEE FL 32308

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

59-3648097

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAWSON, DEBORAH E
4125 PECAN BRANCH RD
TALLAHASSEE FL 32308

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME DOYLE, GREG
STREET ADDRESS 6251 44TH ST N #1921
CITY-ST-ZIP PINELLAS PARK FL 34665

TITLE D ☐ Delete
NAME WILDE, JACK
STREET ADDRESS 12600 AUTOMOBILE BLVD
CITY-ST-ZIP CLEARWATER FL 33762

TITLE D ☐ Delete
NAME THOMAS, ROBERT
STREET ADDRESS 3861 EDWARDS ST
CITY-ST-ZIP FT MYERS FL 33916

TITLE D ☐ Delete
NAME LUTKA, PAUL
STREET ADDRESS 3115 37TH ST
CITY-ST-ZIP ORLANDO FL 32839

TITLE D ☐ Delete
NAME VANN, RANDY
STREET ADDRESS 2970 CARGO ST
CITY-ST-ZIP FT MYERS FL 33916

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert C Thomas

Date

Daytime Phone #

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90037 003 *****61.25

60010939



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)