2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003
Secretary of State

DOCUMENT# N00000003485

Entity Name: ASAF PAC, INC.

Current Principal Place of Business:

4125 PECAN BRANCH RD
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

4125 PECAN BRANCH RD
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 59-3648097 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAWSON, DEBORAH E
4125 PECAN BRANCH RD
TALLAHASSEE, FL 32309

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DOYLE, GREG
Address: 6251 44TH ST N #1921
City-St-Zip: PINELLAS PARK, FL 34665

Title: D ( ) Delete
Name: WILDE, JACK
Address: 12600 AUTOMOBILE BLVD
City-St-Zip: CLEARWATER, FL 33762

Title: D ( ) Delete
Name: THOMAS, ROBERT
Address: 3861 EDWARDS ST
City-St-Zip: FT MYERS, FL 33916

Title: D ( ) Delete
Name: LUTKA, PAUL
Address: 3115 37TH ST
City-St-Zip: ORLANDO, FL 32839

Title: D ( ) Delete
Name: THOMPSON, GAY
Address: P. O. BOX 823
City-St-Zip: FT MYERS, FL 33902

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREG DOYLE CHRM 03/10/2003
Electronic Signature of Signing Officer or Director — Date