

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90244 043 \*\*\*150.00

**DOCUMENT # P00000002817**

1. Entity Name

**ASPEN FINANCIAL MANAGEMENT, INC.**

Principal Place of Business

**7591 NW 3RD COURT  
 PLANTATION FL 33317**

Mailing Address

**7591 NW 3RD COURT  
 PLANTATION FL 33317**

2. Principal Place of Business

**7117 N.W. 47<sup>th</sup> Lane**

Suite, Apt. #, etc.

3. Mailing Address

**7117 N.W. 47<sup>th</sup> Lane**

Suite, Apt. #, etc.

City & State

**Coconut Creek, FL**

City & State

**Coconut Creek, FL**

Zip **33073**

Country **USA**

Zip **33073**

Country **USA**

4. FEI Number

**65-0993266**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GIGNAC, DOUGLAS  
 7591 NW 3RD COURT  
 PLANTATION FL 33317**

7. Name and Address of New Registered Agent

Name **Douglas Gignac**

Street Address (P.O. Box Number is Not Acceptable)

**7117 N.W. 47<sup>th</sup> Lane**

City **Coconut Creek**

**FL**

Zip Code **33073**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>GIGNAC, DOUGLAS</b>
STREET ADDRESS	<b>7591 NW 3RD COURT</b>
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>7117 N.W. 47<sup>th</sup> Lane</b>
STREET ADDRESS	<b>Coconut Creek, FL</b>
CITY-ST-ZIP	<b>33073</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Douglas Gignac*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/02 (954) 415-6940**

Date

Daytime Phone #

CR2E034 (9/01)