

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2004 8:00 am
Secretary of State

0002169 AN

DOCUMENT # **P00000045851**

1. Entity Name
ASSET ASSOCIATES, INC.



05-12-2004 90201 041 ***150.00

Principal Place of Business
**P. O. BOX 858
PONTE VEDRA BCH FL 32082**

Mailing Address
**P. O. BOX 858
PONTE VEDRA BCH FL 32082**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-3466870**
Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LEMONS, MARVIN C
10036 SAWGRASS DR. WEST, SUITE 4 SOUTH
PONTE VEDRA BCH FL 32082**

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 _____ (NOTE: To sign, use a pen or ballpoint pen. Do not use a pencil or eraser.) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	LEMONS, MARVIN C
STREET ADDRESS	10036 SAWGRASS DR. WEST, SUITE 4 SOUTH
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082
TITLE	<input checked="" type="checkbox"/> Delete
NAME	MARCEL ALEXANDER
STREET ADDRESS	10036 SAWGRASS DR. WEST, SUITE 4 SOUTH
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082
TITLE	<input type="checkbox"/> Delete
NAME	BETTY B. LEMINS
STREET ADDRESS	181 WATER OAK DR
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082
TITLE	<input type="checkbox"/> Delete
NAME	L. CLARKE LEMINS
STREET ADDRESS	181 WATER OAK DR
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 attachment with an address, with all other like empowers.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Division: _____