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

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

PONTE VEDRA BCH FL 32082

P. O. BOX 858

P00000045851 DOCUMENT #

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

1. Entity Name

ASSET ASSOCIATES, INC.

Principal Place of Business

PONTE VEDRA BCH FL 32082

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE \_

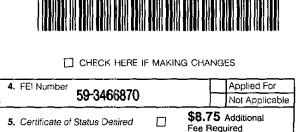
P. O. BOX 858



FILED May 19, 2003 8:00 am Secretary of State

05-19-2003 90203 029 \*\*\*550.00

JU130114



7. Name and Address of New Registered Agent

9. Election Campaign Financing

Trust Fund Contribution.

LEMONS, MARVIN C Street Address (P.O. Box Number is Not Acceptable) 10036 SAWGRASS DR. WEST, SUITE 4 SOUTH PONTE VEDRA BCH FL 32082

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.

City

Country

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 (NOTE: Registered Agent signature required when reinstating)

\$5.00 May Be Added to Fees

DATE

Zip Code

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Addition NAME LEMONS, MARVIN C NAME STREET ADDRESS STREET ADDRESS 10036 SAWGRASS DR. WEST, SUITE 4 SOUTH CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA BCH FL 32082 TITLE TITLE ☐ Change Addition NAME MARCEL, A EXANDER NAME STREET ADDRESS VERNE P. WEST, SUITE 4 SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PONTE-VEDRA BCH FL 320 ~ ☐ Delete - ^ Addition -TITLE BETTY B. LEMINS
181 WATER OAKDR -TITLE □ Change NAME NAME STREET ADDRESS STREET ADDRESS PONTA URBEA BULL FL BLOBZ CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □□ Change ☐ Addition L. CLARKE LEMINES NAME STREET ADDRESS STREET ADDRESS POUTE UEDRA BEH.FL 32082 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATUR