

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90118 024 ***150.00

DOCUMENT # P00000098533

1. Entity Name
A S A P DIVORCE INC.

Principal Place of Business

**4916B - 20TH ST. CT. E.
 BRADENTON FL 34203**

Mailing Address

**4916B - 20TH ST. CT. E.
 BRADENTON FL 34203**

2. Principal Place of Business

2306 51ST AVE E.

3. Mailing Address

2306 51ST AVE E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BRADENTON FL

City & State

BRADENTON FL

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip
34203

Country

USA

Zip

34203

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINER, CHERYL

**4916B - 20TH ST. CT. E.
 BRADENTON FL 34203**

Name

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

2306 51ST AVE E.

City

BRADENTON

FL

Zip Code

34203

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

(NOTE: Registered Agent signature required when refiled.)

DATE

2.14.02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **MARTINER, CHERYL**
 STREET ADDRESS **4916B 20TH STREET CT E**
 CITY-ST-ZIP **BRADENTON FL 34203**

☒ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS **2306 51ST AVE E.**
 CITY-ST-ZIP **BRADENTON FL 34203**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.14.02

Date

941 756 7005

Daytime Phone #

CR2E034 (9/01)