

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90392 011 ***150.00

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

DOCUMENT # P01000032458		
1. Entity Name ASSISTANTSOURCE, INC.		
Principal Place of Business 7667 WEST SAMPLE ROAD UNIT 259 CORAL SPRINGS, FL 33065		Mailing Address 7667 WEST SAMPLE ROAD UNIT 259 CORAL SPRINGS, FL 33065
2. Principal Place of Business 11026 150 C+ N Suite, Apt. #, etc.		3. Mailing Address 11026 150 C+ N Suite, Apt. #, etc.
City & State Jupiter, FL		City & State Jupiter, FL
Zip 33478 Country		Zip 33478 Country
4. FEI Number 65-1089888		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134		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: Registered Agent signature required when necessary) DATE _____		
FILE NOW! FEE: \$150.00 AR&E MAY 11, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DIRICO, ANDREA 7667 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DEASON, JENNY L 7667 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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 changed, or on an attachment with an address, with all other life empowered.		
SIGNATURE: <u>Andrea Dirico</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/21/03 <u>745-CL</u> Date Daytime Phone #

President

561-575-5138