

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

04-22-2002 90277 035 ***150.00

DOCUMENT # P01000051556

1. Entity Name
ASSETT, INC.

Principal Place of Business
40347 U.S. HWY. 19, NORTH, STE. 136
TARPON SPRINGS FL 34689

Mailing Address
40347 U.S. HWY. 19, NORTH, STE. 136
TARPON SPRINGS FL 34689

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3731049

Applied For

Not Applicable

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

DONIZETTI, LARRY

40347 U.S. HWY. 19, NORTH, STE. 136
TARPON SPRINGS FL 34689

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **D** ☐ Delete
DONIZETTI, LARRY
 STREET ADDRESS **950 CARSTAIRS CT.**
 CITY-ST-ZIP **TARPON SPRINGS FL 34698**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **D** ☐ Delete
EUBANKS, BOB
 STREET ADDRESS **3617 ROBLAR AVE.**
 CITY-ST-ZIP **SANTA YNEZ CA 93460**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **D** ☒ Delete
FREEMING, JIM
 STREET ADDRESS **1225 LAKE ROGERS CIRCLE**
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **D** ☐ Delete
MCINNES, BETSY
 STREET ADDRESS **604 WESTOVER DR.**
 CITY-ST-ZIP **NASHVILLE TN 37205**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **D** ☐ Delete
HEWETSON, GARY
 STREET ADDRESS **18400 GULF BLVD., UNIT 1309**
 CITY-ST-ZIP **INDIAN SHORES FL 33785**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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

Date

Daytime Phone #

4-10-02 281-934-6761

CR2E034 (9/01)