

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90413 011 ***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
P.O. Box 1076

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Tarpon Springs, FL

Zip

Country

Zip
34689 Country
USA

4. FEI Number
59-3731049

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)