FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90165 036 ***150.00

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DO NOT WRITE IN THIS SPACE

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000055355

1. Entity Name
ASIC-ONE INC.

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2. Principal Place of Business
801 Chamberlain Loop
Suite, Apt. #, etc.

3. Mailing Address
801 Chamberlain Loop
Suite, Apt. #, etc.

City & State	Zip	Country
Lake Wales	33853	FL

City & State	Zip	Country
Lake Wales	33853	FL

4. FEI Number
59-3726107
☐ Applied For
☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Timothy Arnold

Street Address (P.O. Box Number is Not Acceptable): 801 Chamberlain Loop

City: Lake Wales FL Zip Code: 33853

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	P
NAME	Timothy Arnold
STREET ADDRESS	801 Chamberlain Loop
CITY-ST-ZIP	Lake Wales FL. 33853
TITLE	V
NAME	Rae Ann Arnold
STREET ADDRESS	801 Chamberlain Loop
CITY-ST-ZIP	Lake Wales FL. 33853
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Timothy Arnold Timothy Arnold 4/23/02 (863)676-2480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #