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

## DOCUMENT #

P01000073588

1. Entity Name



## **FILED** Apr 18, 2003 8:00 am § Secretary of State

04-18-2003 90206 046 \*\*\*150.00

| ASKER EMPIRE, INC.  |  |  |   |                                   |  |
|---|--|--|---|-----------------------------------|--|
| Principal Place of Business<br>1348 INTERNATIONAL SPEEDWAY BOULEVARD<br>DAYTONA BEACH FL 32114  | Mailing Address<br>1348 INTERNATIONAL SPEEDWAY<br>DAYTONA BEACH FL 32114 | BOULEVARD  | ~ <del>-</del>  | · ,                               |  |
| 2. Principal Place of Business 1700 W. International Spec   | 3. Mailing Address   | I.S.B  |   |                                   |  |
| BIVD BOOS Suite 426   | Suite, Apt. #, etc.  |  | CHECK HERE IF MAKING                                    |                                   |  |
| Day hra Beach   | Daytona Be   | ich Fl.  | 4. FEI Number 59-3734664                                | Applied For Not Applicable        |  |
| 32114 USB   | 32114 Coun   | 15 A   |   | \$8.75 Additional<br>Fee Required |  |
| 6. Name and Address of Current Re   | gistered Agent   |  | 7. Name and Address of New Registered A                 | gent                              |  |
|   |  | Name   |   |                                   |  |
| SPIEGEL & UTRERA, P.A.  |  | Street Address (P.O. Box Number is Not Acceptable) |   |                                   |  |
| 343 ALMERIA AVENUE  |  |  |   |                                   |  |
| CORAL GABLES FL 33134   | İ  |  |   |                                   |  |
|   | ,  | 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 S  | tate   | به مسحد رین د                                      | -9 Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be<br>Added to Fees    |  |

|  | May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State                  | - , , ,                               | Trust Fund Contribution. Added to Fees                |  |  |
|--|--|---------------------------------------|---|--|--|
| 10.  | OFFICERS AND DIRECTORS   |                                       | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSTD Delete ASKER, ARAFAT N 1348 INTERNATIONAL SPEEDWAY BOULEVARD DAYTONA BEACH FL 32114 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition                                   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | V Delete ASKER, ABED N 1348 INTERNATIONAL SPEEDWAY BOULEVARD DAYTONA BEACH FL 32114      | 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 :                                 |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-SI-ZIP | ☐ Change ☐ Addition                                   |  |  |
| TITLE  NAME  - STREET ADDRESS  CITY- ST-ZIP    | ☐ Delete   | TITLE NAME                            | ☐ Change ☐ Addition                                   |  |  |
| TITLE  | Delete   | TITLE                                 | ☐ 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 like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE** 

NAME

STREET ADDRESS

CITY-ST-ZIP



Date

Daytime Phone #