


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

"Amended"

DOCUMENT # P01000095061	
1. Entity Name Associated Financial Service Group, Inc.	

FILED  
03 JUN 30 AM 10:26

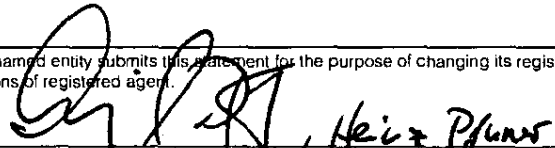
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900021464899  
07/10/03--01064--017 \*\*\$1.25  
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1140 Lee Blvd.		3. Mailing Address P.O. Box 1361	
Suite, Apt. #, etc. Suite 101		Suite, Apt. #, etc.	
City & State Lehigh Acres, FL		City & State Lehigh Acres, FL	
Zip 33936	Country U.S.A.	Zip 33936	Country U.S.A.
4. FEI Number 65-1142531		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent		
	Name Heinz S. Pfuner		
	Street Address (P.O. Box Number is Not Acceptable) 1140 Lee Blvd.		
	Suite 101		
	City Lehigh Acres	FL	Zip Code 33936

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.

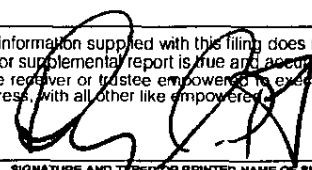
SIGNATURE  Heinz S. Pfuner 6/9/03

(NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S, D Heinz S. Pfuner 1140 Lee Blvd Lehigh Acres, FL 33936	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Colin Feng 8301 Gassner Way Lehigh Acres, FL 33936	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, T, D Harold Loidl 703 Canterbury Circle Lehigh Acres, FL 33970	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  Heinz S. Pfuner 6/9/2003 239-369-8389

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)