


04-25-2003 90242 042 ***150.00

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

DOCUMENT # P02000001960			
1. Entity Name ASPI TECHNOLOGIES, INC.			
Principal Place of Business 1401 FORSYTH ROAD WEST PALM BEACH, FL 33405		Mailing Address 1401 FORSYTH ROAD WEST PALM BEACH, FL 33405	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent LEWIS, BRANDON S 1401 FORSYTH ROAD WEST PALM BEACH, FL 33405		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	R. VASSER, ROBBIE R <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1401 FORSYTH ROAD	NAME	
STREET ADDRESS	WEST PALM BEACH, FL 33405	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Y. LEWIS, BRANDON S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1401 FORSYTH ROAD	NAME	
STREET ADDRESS	WEST PALM BEACH, FL 33405	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	ST. LEE, CHARLES <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1401 FORSYTH ROAD	NAME	
STREET ADDRESS	WEST PALM BEACH, FL 33405	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	RAFAEL CHAVEZ
STREET ADDRESS		STREET ADDRESS	1401 FORSYTH ROAD
CITY-ST-ZIP		CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information reported with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 recorder 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 appropriate, with all other true and correct.			
SIGNATURE: <u>ROBBIE VASSER</u>		DATE: <u>4/22/03</u> (S61) 478-2777	

55040836



CHECK HERE IF MAKING CHANGES

4. FEI Number 30-0034442 Applied For Not Applicable

6. Certificate of Status Desired \$8.75 Additional Fee Required

CFLR2004 (1/02)