

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90104 040 ***150.00

DOCUMENT # P02000061454

1. Entity Name
ASSOCIATED SERVICES CORPORATION



Principal Place of Business
**POST OFFICE BOX 733
RIVERVIEW FL 33568**

Mailing Address
**POST OFFICE BOX 733
RIVERVIEW FL 33568**

10034310



2. Principal Place of Business
11512 River Country Dr.

3. Mailing Address
11512 River Country Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Riverview, FL

City & State
Riverview, FL

4. FEI Number
55-0806524

Applied For
Not Applicable

Zip
33569

Country
U.S.A.

Zip
33569

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARNETT, SCOTT F
234 EAST DAVIS BOULEVARD
TAMPA FL 33606**

Name
Charles T. Earle, Jr.

Street Address (P.O. Box Number is Not Acceptable)
1432 Trail Boss Lane

City
Brandon

City
Brandon

FL Zip Code
33511

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: *Charles T. Earle, Jr.* **Charles T. Earle, Jr., Vice President 03/03/03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
EARLE, CAROL D
P.O. BOX 733
RIVERVIEW FL 33568** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Carol D. Westerman
11512 River Country Drive
Riverview, FL 33569** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
EARLE, CHARLES T
P.O. BOX 733
RIVERVIEW FL 33568** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
Charles T. Earle, Jr.
1432 Trail Boss Lane
Brandon, FL 33511** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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)(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 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: *Charles T. Earle, Jr.* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/03
Date

Daytime Phone #

CR2E034 (10/02)