


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

03-10-2003 90104 040 ***150.00

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

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.
 Suite, Apt. #, etc.

3. Mailing Address
 11512 River Country Dr.
 Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
 Riverview, FL

City & State
 Riverview, FL

Zip
 33569

Country
 U.S.A.

4. FEI Number
 55-0806524


Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 BARNETT, SCOTT F
 234 EAST DAVIS BOULEVARD
 TAMPA FL 33606

7. Name and Address of New Registered Agent
 Name: Charles T. Earle, Jr.
 Street Address (P.O. Box Number is Not Acceptable): 1432 Trail Boss Lane
 City: Brandon
 State: 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., 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


TITLE	P	EARLE, CAROL D	<input type="checkbox"/> Delete
NAME		P.O. BOX 733	
STREET ADDRESS		RIVERVIEW FL 33568	
CITY-ST-ZIP			
TITLE	V	EARLE, CHARLES T	<input type="checkbox"/> Delete
NAME		P.O. BOX 733	
STREET ADDRESS		RIVERVIEW FL 33568	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	Carol D. Westerman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		11512 River Country Drive	
STREET ADDRESS		Riverview, FL 33569	
CITY-ST-ZIP			
TITLE	V	Charles T. Earle, Jr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1432 Trail Boss Lane	
STREET ADDRESS		Brandon, FL 33511	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/27/03
 Daytime Phone #