ş

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

DOCUMENT#

P02000071684

1. Entity Name ASK SALES, INC.



Apr 16, 2003 8:00 am Secretary of State 04-16-2003 90202 034 ***150.00

FILED



7								
Principal Place of Business 1925 SW AUTUMNWOOD WAY PALM CITY FL 34990		Mailing Address 1925 SW AUTUMNWOOD WAY PALM CITY FL 34990						
2. Principal Place of Business		3. Mailing Address			{ 	1 11 0 11 1 11 01 111 00 111	66 (4)	10111 0101 1001
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State	e	City & State			4. FEI Number 02 - 06	22112	<u> </u>	oplied For
Zip	Country	Zip Coun		ntry	5. Certificate of Sta		\$9.75	
-	6. Name and Address of Current I	 Registered Agent			7. Name and Add	ress of New Registe	<u>_</u>	
				Name				
	EIN, RICHARD H ONTEREY COMMONS BLVD,		Street Address		(P.O. Box Number is Not Acceptable)			
STUART F								
γ i				City	 		FL Zip Cod	e .
	named entity submits this statement for ions of registered agent.	the purpose of ch	anging its register	ed office or register	ed agent, or both, in t	the State of Florida.	I am familiar with,	and accept
						•		
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable.	(NOTE: Registere	ad Agent signature required	when reinstating)	D	ATE	
FI	ILE NOW!!! FEE IS \$150.00		· -		O Floring	Composition Figure 1	AF 0	
	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State				Campaign Financing nd Contribution.		May Be to Fees
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHAI	NGES TO OFFICERS	AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fassberg, ronnie 1925 Sw Autumnwood Way Palm City Fl 34990		•				☐ Change	☐ Addition \
TITLÉ NAME STREET ADDRESS CITY-ST-ZIP	D FASSBERG, RICHARD 1925 SW AUTUMNWOOD WAY PALM CITY FL 34990	G, RICHARD AUTUMNWOOD WAY		E ME EET ADDRESS (~ST-ZIP			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	and the second second		NAM —STRI	1			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete TITL NAM	E			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAN STRI	l			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAM STRI	1			☐ 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.

SIGNATURE:

Daytime Phone #