2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State
01-21-2003 90149 003 ***150.00

DOCUMENT # P02000112468

1. Entity Name
ASAAP, INC.

Principal Place of Business	Mailing Address
2107 HIDDEN GROVE LANE MERRITT ISLAND FL 32953	2107 HIDDEN GROVE LANE MERRITT ISLAND FL 32953

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2860 Slaughter Road Suite, Apt. #, etc.	2860 Slaughter Road Suite, Apt. #, etc.
City & State: Perry FL.	City & State: Perry FL.
Zip: 32347 Country: USA	Zip: 32347 Country: USA

4. FEI Number: 57-1137514 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MENYHART, ANDREW ESQ.
160 MCLEOD STREET
MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent

Name: Robin K. Squires
Street Address (P.O. Box Number is Not Acceptable): 2860 Slaughter Road
City: Perry **FL** Zip Code: 32347

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 [signature] Robin K. Squires 1/15/03
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	D,P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SQUIRES, ROBIN		NAME		
STREET ADDRESS	2107 HIDDEN GROVE LANE		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32953		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KRAFT, KEVIN		NAME		
STREET ADDRESS	2107 HIDDEN GROVE LANE		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32953		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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: SIGNATURE REQUIRED [signature] Robin K. Squires 1/15/03 321-508-1781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #