


FILED
Jun 02, 2004 8:00 am
Secretary of State

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DOCUMENT # P03000088167				Secretary of State 04-30-2004 90311 030 ***150.00	
1. Entity Name ASI TITLE, INC.		Principal Place of Business 4503 S. TAMAMI TRAIL SUITE 503 VENICE, FL 34285		Mailing Address 1503 S. TAMAMI TRAIL SUITE 503 VENICE, FL 34285	
2. Principal Place of Business 421 Commercial Court		3. Mailing Address 421 Commercial Court		04272004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc. Suite A		4. FEI Number 05-1200405	
City & State Venice, FL		City & State Venice, FL		Applied For Not Applicable	
Zip 34292		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when relisting) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD GOLDT, ROBERT F JR. 1503 S. TAMAMI TRAIL #503 VENICE, FL 34285	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: _____ Date _____ Daytime Phone # _____					