

FILED
Mar 14, 2005 8:00 am
Secretary of State

66005003

02-10-2005 90049 040 ***150.00

DOCUMENT # P04000052441

1. Entity Name
ASC FINANCIAL SERVICES, INC.

Principal Place of Business

**P O BOX 530926
MIAMI, FL 33153**

Mailing Address

**P O BOX 530926
MIAMI, FL 33153**

66005003

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042005

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0922 S10

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CUDLIPP, ANGELA
216 NE 98TH ST
MIAMI SHORES, FL 33138**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
**D CUDLIPP, ANGELA
P O BOX 530926
MIAMI, FL 33153**

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

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)(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/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 to this address, without either like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

1/4/2005 (305) 9400668