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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000008397

1. Entity Name
ASIG, INC.

Principal Place of Business: 5625 MAJOR BLVD. ORLANDO, FL 32819 US
Mailing Address: 5625 MAJOR BLVD. ORLANDO, FL 32819 US

2. Principal Place of business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

4. City & State: City & State
4. FID Number: **68-3167881** Applies For: Not Applicable

5. Certificate of Status Desired: \$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent: **BATES, ED 5625 MAJOR BLVD ORLANDO, FL 32819**

7. Name and Address of New Registered Agent: Name: **Wayne P. Gruber**
Street Address (P.O. Box Number is Not Acceptable): **5625 Major Blvd.**
City: **Orlando** FL Zip Code: **32819**

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 the filer with, and accept the obligations of registered agent.

SIGNATURE: *Wayne P. Gruber* DATE: **4-22-03**

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: CEO NAME: BATES, ED STREET ADDRESS: 3308 HOLCOMB BRIDGE RD 230 CITY-ST-SP: NORCROSS, GA 30092	<input checked="" type="checkbox"/> Delete	TITLE: President-Tresury NAME: Wayne P. Gruber STREET ADDRESS: 5625 Major Blvd. CITY-ST-SP: ORLANDO FL 32819	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Chair		TITLE: Secretary NAME: Jack Jettcoat STREET ADDRESS: 5625 Major Blvd. CITY-ST-SP: ORLANDO FL 32819	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Chair		TITLE: V. President NAME: Robin Gruber STREET ADDRESS: 5625 Major Blvd. CITY-ST-SP: ORLANDO FL 32819	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Chair		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Chair		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Chair		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 190.07(3)(c), Florida Statutes. I further certify that the information provided 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 filer 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 empowering.

SIGNATURE: *Wayne P. Gruber* DATE: **4-22-03** 407-354-3996

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05/07/03-901082-025 **150.00