

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90087 004 ***150.00

DOCUMENT # P94000070377

1. Entity Name

D'ASIGN SOURCE & CO., INC.

Principal Place of Business

**5800 OVERSEAS HWY., SUITE 17
MARATHON FL 33050**

Mailing Address

**5800 OVERSEAS HWY., SUITE 17
MARATHON FL 33050**

2. Principal Place of Business

11500 Overseas Hwy

Suite, Apt. #, etc.

3. Mailing Address

11500 Overseas Hwy

Suite, Apt. #, etc.

City & State

Marathon FL

City & State

Marathon FL

4. FEI Number

65-0529929

Applied For

Not Applicable

Zip

33050

Country

USA

Zip

33050

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**D'ASCANIO, FRANCO L
5800 OVERSEAS HWY., SUITE 17
MARATHON FL 33050**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

11500 Overseas Hwy

City

Marathon

FL

Zip Code

33050

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE **DV** ☐ Delete
NAME **D'ASCANIO, ANTHONY A**
STREET ADDRESS **204 S. ANGLERS DR.**
CITY-ST-ZIP **MARATHON FL 33050**

TITLE **DP** ☐ Delete
NAME **D'ASCANIO, FRANCO L**
STREET ADDRESS **431 2ND ST.**
CITY-ST-ZIP **KEY COLONY BEACH FL 33051**

TITLE **DST** ☐ Delete
NAME **D'ASCANIO, AMEDEO G**
STREET ADDRESS **295 14TH ST**
CITY-ST-ZIP **KEY COLONY BEACH FL 33051**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C/D** ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V/D** ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-01

Date

305.743.7130

Daytime Phone #

CR2E034 (10/00)