2002 UNIFORM BUSINESS REPORT (UBR)

P94000070377 DOCUMENT # 1. Entity Name 05-08-2002 90126 032 ***150.00 D'ASIGN SOURCE & CO., INC. Principal Place of Business Mailing Address 11500 OVERSEAS HWY 11500 OVERSEAS HWY MARATHON FL 33050 MARATHON: FL" 33050 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0529929 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name D'ASCANIO, FRANCO L Street Address (P.O. Box Number is Not Acceptable) 11500 OVERSEAS HWY MARATHON FL 33050 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE □ Delete TITLE Change ☐ Addition D'ASCANIO, ANTHONY A NAME NAME 204 S. ANGLERS DR. STREET ADDRESS STREET ADDRESS MARATHON FL 33050 CITY-ST-ZI? CITY-ST-ZIP DP ☐ Delete TITLE ☐ Change ☐ Addition D'ASCANIO," FRANCO"L. NAME NAME STREET ADDRESS STREET ADDRESS 431 2ND ST. **KEY COLONY BEACH FL 33051** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME D'ASCANIO, AMEDEO G NAME STREET ADDRESS 295 14TH ST STREET ADDRESS CITY-ST-7IP KEY COLONY BEACH FL 33051 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 of the corporation or the changed, or on an attack ent with an address, with all other like empowered.

SIGNATURE:

Amedeo D'Ascanio