2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000009078** May 09, 2000 8:00 am Secretary of State ASK FINANCIAL SOLUTIONS, INC. 05-09-2000 90043 005 ***150.00 Mailing Address Principal Place of Business 126 SUNFLOWER CIRCLE 126 SUNFLOWER CIRCLE ROYAL PALM BEACH FL 33411-8009 ROYAL PALM BEACH FL 33411 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0560723 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PLUMMER, CHRISTOPHER S Street Address (P.O. Box Number is Not Acceptable) 126 SUNFLOWER CIRCLE **ROYAL PALM BEACH FL 33411** 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE PLUMMER, CHRISTOPHER S NAME NAME STREET ADDRESS STREET ADDRESS 126 SUNFLOWER CIRCLE CITY-ST-ZIP CITY-ST-ZIP **ROYAL PALM BEACH FL 33411** Change ☐ Addition Defete TITLE PLUMMER, JANET C NAME STREET ADDRESS STREET ADDRESS 126 SUNFLOWER CIRCLE CITY-ST-ZIP CITY-ST-ZIP ROYAL PALM BEACH FL 33411 Change Maddition Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP ☐ Change □ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Delta Signature and Typed Or Printed Name of Signing Officer OR DIRECTOR

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