

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000013630

1. Entity Name  
ASSIDUITY, INC.

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90017 008 \*\*\*158.75

Principal Place of Business

1830 HOLLY FLOWER  
ORANGE PARK FL 32073  
7900

Mailing Address

1830 HOLLY FLOWER  
ORANGE PARK FL 32073

2. Principal Place of Business

7900 W. 103rd ST

Suite, Apt. #, etc.

Suite 12

City & State

JACKSONVILLE, FL

Zip

32210

Country

USA

3. Mailing Address

1600 PARK Ave

Suite, Apt. #, etc.

Suite 5

City & State

Orange Park, FL

Zip

32073

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3299452

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, TERRANCE A  
769 BLANDING BLVD.  
ORANGE PARK FL 32065

Name

DAVID J. MUYRES

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

2412 STOCKTON DR

City

Green Cove Sprgs.

FL

Zip Code

32043

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

*David J. Muyres*

DAVID J. MUYRES

2/15/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE STD  
NAME DENEMARK, SUZANNE  
STREET ADDRESS 114 N. VANDERFORD RD.  
CITY-ST-ZIP ORANGE PARK FL



TITLE DP  
NAME HAHN, JOANN  
STREET ADDRESS 1830 HOLLY FLOWER  
CITY-ST-ZIP ORANGE PARK FL 32073



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE P, S  
NAME DAVID J. MUYRES  
STREET ADDRESS 2412 STOCKTON DR.  
CITY-ST-ZIP Green Cove Springs, FL 32043



TITLE D  
NAME Robert Aspinwall  
STREET ADDRESS 8430 Commonwealth Ave  
CITY-ST-ZIP Jacksonville, FL 32220



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
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:

*David J. Muyres*

Pres. DAVID J. MUYRES

2/15/01

(904) 739-074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)