

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000022252**

1. Entity Name

**ASCHERL INSURANCE, INC.****FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90052 027 \*\*\*150.00

Principal Place of Business

**219 LIVE OAK STREET  
NEW SMYRNA BEACH FL 32168**

Mailing Address

**P O BOX 368  
NEW SMYRNA BEACH FL 32170  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3317632**

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

**PALMETTO CHARTER SERVICES, INC.  
150 MAGNOLIA AVENUE  
DAYTONA BEACH FL 32115-2491**

Name

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

City

**FL**

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

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: ☐**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 ☐ Delete**D  
ASCHERL, JACK  
219 LIVE OAK STREET  
NEW SMYRNA BEACH FL 32168**TITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
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STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-01

904/427-4121

Date

Daytime Phone #

CR2E034 (10/00)