

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000061514

1. Entity Name

ASSOCIATED SUPPLY CORPORATION OF THE CARIBBEAN

FILED

Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90102 025 ***150.00

Principal Place of Business

10 CENTRAL PARKWAY
SUITE 111
STUART FL 34994

Mailing Address

10 CENTRAL PARKWAY
SUITE 111
STUART FL 34994

2. Principal Place of Business

1829-B S.E. AIRPORT ROAD

3. Mailing Address

1829-B S.E. AIRPORT ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART FL

City & State

STUART FL

4. FEI Number

65-0607437

Applied For

Not Applicable

Zip

34996

Country

Zip

34996

Country

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

DALE, MICHAEL L ESQ.

5154 SOUTH EAST FEDERAL HIGHWAY
STUART FL 34997

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.
(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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BARTON, JAMES H.
3452 NE CAUSEWAY BLVD. #204
JENSEN BEACH FL 34957 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
CHURCH, HARRISON A.
3452 NE CAUSEWAY BLVD. #403
JENSEN BEACH FL 34957 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

James H. Barton

JAMES H. BARTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

APRIL 18, 2001 561-283-7795

Daytime Phone #

CR2E034 (10/00)