

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90030 027 \*\*\*150.00

**DOCUMENT # P95000066498**

**1. Entity Name**  
**ASA ACCUGRADE, INC.**

**Principal Place of Business**  
~~125 EXCELSIOR PKWY~~ **P.O. Box 915103**  
~~STE #101~~ **Longwood, FL**  
~~WINTER SPRINGS FL 32708~~ **32791-5103**

**Mailing Address**  
~~125 EXCELSIOR PKWY~~ **P.O. Box 915103**  
~~STE #101~~ **Longwood, FL**  
~~WINTER SPRINGS FL 32708~~ **32791-5103**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**3. Mailing Address**  
**P.O. BOX 915103**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**4. FEI Number** **59-3346993** Applied For  
 Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**HAGER, DIANE**  
**141 SANDY OAKS PLACE**  
**LONGWOOD FL 32779**

**7. Name and Address of New Registered Agent**  
 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 Diane Hager, President DATE 4/1/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAGER, DIANE <del>125 EXCELSIOR PKWY</del> <b>141 sandy oaks PL</b> <del>WINTER SPRINGS FL 32708</del> <b>Longwood, FL 32779</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAGER, DIANE <del>125 EXCELSIOR PKWY</del> <b>141 Sandy oaks PL</b> <del>WINTER SPRINGS FL 32708</del> <b>LONGWOOD, FL 32779</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROPER, STAN <del>125 EXCELSIOR PKWY</del> <b>P.O. BOX 915103</b> <del>WINTER SPRINGS FL 32708</del> <b>LONGWOOD, FL 32791</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>141 sandy oaks PL</b> <b>LONGWOOD, FL 32779</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>141 Sandy oaks PL</b> <b>LONGWOOD, FL 32779</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.O. BOX 915103</b> <b>LONGWOOD, FL 32791-5103</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:** Diane Hager, Secretary/Pres. 4/1/02 (407)327-1449  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)