

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000088663

1. Entity Name

ASSET RESOURCE MANAGEMENT, INC.

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90471 017 ***150.00

Principal Place of Business

Mailing Address

~~63667 EMERALD COAST PARKWAY~~
DESTIN FL 32541

P.O. BOX 5708
DESTIN FL 32540

928884

2. Principal Place of Business

4507 FURLING

3. Mailing Address

Same as Above

Suite, Apt. #, etc.

Unit #213

Suite, Apt. #, etc.

City & State

Destin, FL

City & State

4. FEI Number

59-3345333

Applied For

Not Applicable

Zip

32541

Country

OKALOOSA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, STEVE
36468 EMERALD COAST PARKWAY
#2201
DESTIN FL 32541

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

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

TITLE P
NAME SHARPE, JAMES A
STREET ADDRESS 165 CREST DRIVE
CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

TITLE P
NAME SHARPE, ANNE A
STREET ADDRESS 165 CREST DRIVE
CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

TITLE S
NAME CARR, SHANNON
STREET ADDRESS 4465 KINGSLYNN ROAD
CITY-ST-ZIP NICEVILLE FL 32578 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP zip code change only - 32550 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP zip code change only - 32550 ☒ Change ☐ Addition

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

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

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

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/7/01 850-654-4550

CR2E034 (10/00)