

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000091226**1. Entity Name
ASPIRE COMMUNICATION SERVICES, INC.

Principal Place of Business	Mailing Address
7512 DR. PHILLIPS BLVD.	7512 DR. PHILLIPS BLVD.
50-353	50-353
ORLANDO	ORLANDO
32819	32819
US	US

2. Principal Place of Business
7380 SAND LAKE ROAD

3. Mailing Address

Suite, Apt. #, etc.
SUITE 500-5017

Suite, Apt. #, etc.

City & State
ORLANDO FL

City & State

Zip	Country	Zip	Country
32819	US		

4. FEI Number
59-3493500Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**KASSAR MARK R
4401 VINELAND RD
STE A3-B
ORLANDO FL
32811Name
KASSAR MARK
Street Address (P.O. Box Number is Not Acceptable)
5944 MASTERS BLVD
City
ORLANDO FL Zip Code
32819

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 **MARK KASSAR****04/27/2001**

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 State10. 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	D	<input type="checkbox"/> Delete
NAME	KASSAR NICOLA J	
STREET ADDRESS	5238 SPRING RUN AVE	
CITY-ST-ZIP	ORLANDO FL 32819	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASSAR NICOLA	
STREET ADDRESS	5944 MASTERS BLVD	
CITY-ST-ZIP	ORLANDO FL 32819	

TITLE	D	<input type="checkbox"/> Delete
NAME	KASSAR MARK	
STREET ADDRESS	5238 SPRING RUN AVE	
CITY-ST-ZIP	ORLANDO FL 32819	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASSAR MARK	
STREET ADDRESS	5944 MASTERS BLVD	
CITY-ST-ZIP	ORLANDO FL 32819	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

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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: MARK KASSAR

P

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)