

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90118 023 ***150.00

DOCUMENT # **997000014371**

1. Entity Name

ASPEN CORPORATION ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7534 BRIAR CLIFF CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

7534 BRIAR CLIFF CIRCLE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

4. FEI Number

65-0747952

Applied For

Not Applicable

Zip

334677926

Country

USA

Zip

33467-7926

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

DOYLE, WILLIAM E ESQ

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

2002 SOUTHSIDE BLVD, SUITE 201

City

JACKSONVILLE

FL

Zip Code
32216

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
GREENE, ALLEN J
4148 DARTMOUTH ROAD
STOW, OH 44224**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**T
SEAVENUS JR, WILLIAM P
7534 BRIAR CLIFF CIRCLE
LAKE WORTH, FL 33467**

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all other like empowered.

SIGNATURE: **William P. Seaverus Jr**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM P. SEAVENUS JR

Date

Daytime Phone #

0561-358-3232

CR2E034B (12/01)