

FILED  
Apr 28, 2003 8:00 am  
Secretary of State

04-28-2003 91838 011 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000014653

1. Entity Name  
A.S.E., INC.



Principal Place of Business  
500 EASTBRIDGE DRIVE  
OVIEDO, FL 32765 US

Mailing Address  
500 EASTBRIDGE DRIVE  
OVIEDO, FL 32765 US

2. Principal Place of Business  
2665 POMELLO RD  
Suite, Apt. #, etc.

3. Mailing Address  
2665 POMELLO RD  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
MALABAR FL  
Zip  
32950  
Country  
US

City & State  
MALABAR FL  
Zip  
32950  
Country  
US

4. FEI Number  
59-3425887

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SELIKOFF, JAMES L  
500 EASTBRIDGE DRIVE  
OVIEDO, FL 32765

**7. Name and Address of New Registered Agent**

Name

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

2665 POMELLO RD

City MALABAR

FL

Zip Code  
32950

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James L. Selikoff* JAMES L SELIKOFF PD

4/26/2003

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME SELIKOFF, JAMES L  
STREET ADDRESS 500 EASTBRIDGE DRIVE  
CITY-STATE-ZIP OVIEDO, FL 32765 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☒ Change ☐ Addition  
2665 POMELLO RD  
MALABAR FL 32950

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE:

*James L. Selikoff* JAMES L SELIKOFF

4/26/2003 321 984 8272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/0/02)