

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**  
 05-22-2002 90162 028 \*\*\*150.00

04/09/02 AV

**DOCUMENT # P97000045129**

1. Entity Name

**ACQUISITION SERVICES OF AMERICA, INC.**

Principal Place of Business

**6700 SOUTH FLORIDA AVE., STE 12  
 LAKELAND FL 33813  
 US**

Mailing Address

**6700 SOUTH FLORIDA AVE., STE 12  
 LAKELAND FL 33813  
 US**

2. Principal Place of Business

**1329 VALLEY HILL DR**  
 Suite, Apt. #, etc.

3. Mailing Address

**1329 VALLEY HILL DR**  
 Suite, Apt. #, etc.

City & State

**LAKELAND FL**

City & State

**LAKELAND FL**

4. FEI Number

**62-1693870**

Applied For

Not Applicable

Zip

**33813**

Country

**POLK**

Zip

**33813**

Country

**POLK**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**LITTLE, GEORGE R  
 1503 TRADEWINDS AVE  
 LAKELAND FL 33801**

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, 2002 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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LITTLE, GEORGE R</b>	
STREET ADDRESS	<b>1503 TRADEWINDS AVE</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33801</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LITTLE GEORGE R.</b>	
STREET ADDRESS	<b>1329 VALLEY HILL DR</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/02 (863) 709-0051**  
 Date Daytime Phone #

CR2E034 (9/01)