

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000049647

1. Entity Name

~~ASPIN KILLY ASSET MANAGEMENT, INC.~~

E-INVEST ASSET MANAGEMENT, INC.

Principal Place of Business

Mailing Address

400 FIFTH AVE. S.  
NAPLES FL 34102

400 FIFTH AVE. S.  
NAPLES FL 34102-6574

2. Principal Place of Business

100 Madrid Blvd

Suite, Apt. #, etc.

Ste 113

3. Mailing Address

100 Madrid Blvd

Suite, Apt. #, etc.

Ste 113

City & State

Punta Gorda, FL

City & State

Punta Gorda, FL

Zip

33950

Country

USA

Zip

33950

Country

USA

6. Name and Address of Current Registered Agent

WRIDE, WILLIAM J  
400 FIFTH AVENUE SOUTH  
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name

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

100 Madrid Blvd

#113

City

Punta Gorda, FL

FL

Zip Code

33950

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

6/28/00

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, 2000 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/D  
NAME WRIDE, WILLIAM J  
STREET ADDRESS 400 FIFTH AVE. S.  
CITY-ST-ZIP NAPLES FL 34102

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100 Madrid Blvd #113  
Punta Gorda, FL 33950

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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

6/28/00

Date

Daytime Phone #

FILED  
Jun 03, 2000 8:00 am  
Secretary of State

06-03-2000 90001 010 \*\*\*150.00



DO NOT WRITE IN THIS SPACE