

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90453 012 \*\*\*158.75

**DOCUMENT # P97000059450**

1. Entity Name

**ASI SOUTH, INC.**

Principal Place of Business

**420 E. ALFRED ST  
TAVARES FL 32778**

Mailing Address

**PO BOX 3386  
MONTGOMERY AL 36104**

2. Principal Place of Business

**180 TWIN CREEK DRIVE**

3. Mailing Address

**P.O BOX 3386**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TALLASSEE AL.**

City & State

**MONTGOMERY AL**

Zip

**36078**

Country

**U.S.**

Zip

**36109**

Country

**U.S.**

4. FEI Number

**63-1046364**

Applied For

Not Applicable

5. Certificate of Status Desired - ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TILLARY, ANDY  
420 E. ALFRED ST  
TAVARES FL 32778**

7. Name and Address of New Registered Agent

Name

**ANDY TILLERY**

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

**2187 JANETT ST**

City

**NAVARRE**

FL

Zip Code

**32566**

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 **ANDY TILLERY**

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

(NOTE: Registered Agent signature required when reinstating)

**5-1-002**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>TILLERY, ANDY R<br>412 FORSET TRAIL<br>MONTGOMERY AL <input type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>TILLERY, DOUGLAS A<br>412 FORREST TRAIL<br>MONTGOMERY AL <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>TILLERY, ANNIE J<br>412 FORREST TRAIL<br>MONTGOMERY AL <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: **ANDY TILLERY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-01-002 334-277-6634**  
Date Daytime Phone #

CR2E034 (9/01)