FILED

.2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 02, 2001 8:00 am DOCUMENT # P97000076817 Secretary of State 1. Entity Name ASPC, INC 05-02-2001 90149 025 ***150.00 Principal Place of Business Mailing Address 6215 FOREST GROVE BLVD. 6215 FOREST GROVE BLVD. ORLANDO FL 32808 ORLANDO FL 32808 2. Principal Place of Business Mailing Address St 2100 Stillington Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3465178 ando landu Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCRANDELL, AKLEMIA 6215 FOREST GROVE BLVD. ORLANDO FL 32808 8. The above named entity submits this statement for the numbose 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE ☐ Delete Scrandell, Aklemia SCRANDELL, AKLEMIA NAME NAME 2100 Stillington St Orlando, FC 32839 6215 FOREST GROVE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FC 32835 ORLANDO FL 32808 TITLE Delete TITLE ☐ Change ☐ Addition COOK, PRESTON NAME NAME de lete STREET ADDRESS STREET ADDRESS **6215 FOREST GROVE BLVD** CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32808 TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachmen