

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000078608

1. Entity Name

ADMINISTRATIVE SOLUTIONS FOR COMMUNITY ASSOCIATI

FILED

Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90081 023 ***558.75

Principal Place of Business

Mailing Address

1629 SE 41ST
CAPE CORAL FL 33904
US

1629 SE 41ST
CAPE CORAL FL 33904-7470
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0778575

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HICKEY, CAROL J
1629 SE 41ST ST.
CAPE CORAL FL 33904

Name Zinke, Carol J
Street Address (P.O. Box Number is Not Acceptable)

1629 SE 41st ST
City Cape Coral FL 33904

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 Carol J. Zinke

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

(NOTE: Registered Agent signature required when reinstating)

8-5-00

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME HICKEY, CAROL
STREET ADDRESS 4210 METRO PKWY
CITY-ST-ZIP FT. MYERS FL 33910 ☒ Delete

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

TITLE P
NAME ZINKE, JOACHIM E
STREET ADDRESS 1629 SE 41ST
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

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

TITLE S/T
NAME HICKEY, CAROL J
STREET ADDRESS 1629 SE 41ST ST.
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

TITLE
NAME ZINKE, CAROL J.
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE ~~VP~~
NAME ~~CARLENE HICKEY~~
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VP
NAME CARLENE HICKEY
STREET ADDRESS 1629 SE 41st ST
CITY-ST-ZIP CAPE CORAL, FL 33904 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Carol J. Zinke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)