

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090518

1. Entity Name

ASAP DEVELOPMENT, INC.

FILED

Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90082 015 ***150.00

Principal Place of Business

Mailing Address

1756 UNIVERSITY BLVD S
JACKSONVILLE FL 32216
US

~~1756 UNIVERSITY BLVD S~~
~~JACKSONVILLE FL 32216-8929~~
~~US~~

2. Principal Place of Business

3. Mailing Address

P.O. Box 48070

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jax FL

4. FEI Number

59-3475220

Applied For

Not Applicable

Zip

Country

Zip

Country

32247

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRIEDLINE, RODGER J ESQ
ATTORNEY AT LAW
1756 UNIVERSITY BLVD SOUTH
JACKSONVILLE FL 32216

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, 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 DP
NAME DEAN, LARRY JR
STREET ADDRESS 4811 ATLANTIC BLVD. #4
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1756 Univ Blvd. S.
CITY-ST-ZIP Jax FL 32216

TITLE VPD
NAME CARTER, ROBERT
STREET ADDRESS 4811 ATLANTIC BLVD. #4
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1756 Univ Blvd. S.
CITY-ST-ZIP Jax FL 32216

TITLE S
NAME STREEPEY, FRANK
STREET ADDRESS 4811 ATLANTIC BLVD. #4
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1756 Univ Blvd. S.
CITY-ST-ZIP Jax FL 32216

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

4/5/00 904 993-3433
Date Daytime Phone #

CR2E034 (9/99)