

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090584

1. Entity Name

ASSET ASSURANCE, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90022 012 ***150.00

Principal Place of Business

Mailing Address

6272 68TH AVENUE NORTH
PINELLAS PARK FL 33781

6272 68TH AVENUE NORTH
PINELLAS PARK FL 33781-5126

2. Principal Place of Business

6406 68TH AVE. N.

3. Mailing Address

6406 68TH AVE. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PINELLAS PARK, FL.

City & State

PINELLAS PARK, FL.

4. FEI Number

59-3472050

Applied For

Not Applicable

Zip

33781

Country

U.S.A.

Zip

33781

Country

U.S.A.

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

LOVELACE, WILLIAM K
2310 WEST BAY DRIVE
LARGO FL 33770

Name

PAUL K. TROCKI

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

6406 68TH AVE. N.

City

PINELLAS PARK

FL

Zip Code

33781

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

Paul K. Trocki

4-3-2000

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 D ☐ Delete
NAME TROCKI, PAUL
STREET ADDRESS 5721 82ND AVENUE NORTH
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE P/T/O ☒ Change ☐ Addition
NAME PAUL K. TROCKI
STREET ADDRESS 6406 68TH AVE. N.
CITY-ST-ZIP PINELLAS PARK, FL. 33781

TITLE D ☐ Delete
NAME TROCKI, CAROLYN
STREET ADDRESS 5721 82ND AVENUE NORTH
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE V/S/D ☒ Change ☐ Addition
NAME CAROLYN R. TROCKI
STREET ADDRESS 6406 68TH AVE. N.
CITY-ST-ZIP PINELLAS PARK, FL. 33781

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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TITLE ☐ Delete
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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:

Paul K. Trocki / PAUL K. TROCKI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-2000

Date

(727) 546-2398

Daytime Phone #

CR2E034 (9/99)