

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043565

1. Entity Name

ASAP CAPITAL PARTNERS, INC.

Principal Place of Business

2605 EDGEWOOD ROAD
TAMPA FL 33609

Mailing Address

2605 EDGEWOOD ROAD
TAMPA FL 33609-5306

2. Principal Place of Business

707 Azeele St.

Suite, Apt. #, etc.

3. Mailing Address

707 Azeele St.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33606

Country

USA

Zip

33606

Country

USA

4. FEI Number

59-3512470

Applied For

Not Applicable

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

PITTMAN, ANDREW
2605 EDGEWOOD RD
TAMPA FL 33609

Name

Andrew V. Pittman

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

707 Azeele St.

City

Tampa

FL

Zip Code

33606

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

Andrew V. Pittman

Andrew V. Pittman Chairman

1-500

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 C ☐ Delete
NAME PITTMAN, ANDREW
STREET ADDRESS 2605 EDGEWOOD RD
CITY-ST-ZIP TAMPA FL 33609

TITLE Chairman & Vice President ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME SMITH, TREADY A
STREET ADDRESS 238 E. DAVIS BLVD STE 202
CITY-ST-ZIP TAMPA FL 33606

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 707 Azeele St.
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

Andrew V. Pittman

Andrew V. Pittman

1-500 8/3-257-8530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ext. 107

CR2E034 (9/99)