

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90050 005 ***150.00

DOCUMENT # P 98000084441

1. Entity Name

ASA GAINESVILLE INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 S.W. 75th Street

Suite, Apt. #, etc.

Suite 101

City & State

Gainesville, FL 32607

Zip

Country

Alachua

3. Mailing Address

100 SW 75th Street

Suite, Apt. #, etc.

Suite 101

City & State

Gainesville, FL 32607

Zip

Country

Alachua

4. FEI Number

59-3541659

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Jay Pravda

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

100 SW 75th Street

Suite 101

City

Gainesville, FL 32607

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Jay Pravda 100 SW 75th St #101 Gainesville, FL 32607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jay Pravda, Pres. 4/1/02 352-854-0800

Date

Daytime Phone #