

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90696 004 ***150.00

DOCUMENT # P98000090318

1. Entity Name
ASI SERVICES, INC.



Principal Place of Business
**1325 SNELL ISLE BLVD.
SUITE 211
ST. PETERSBURG FL 33704**

Mailing Address
**1325 SNELL ISLE BLVD.
SUITE 211
ST. PETERSBURG FL 33704**

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 **59-3538810**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILKEY, KEVIN R
1325 SNELL ISLE BLVD.
SUITE 211
ST. PETERSBURG FL 33704**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCT** ☐ Delete
NAME **AVER, JOHN F**
STREET ADDRESS **4801 LANING ST. NE**
CITY-ST-ZIP **ST. PETERSBURG FL 33703**

TITLE **PCT** ☒ Change ☐ Addition
NAME **Aver, John F**
STREET ADDRESS **1281 Snell Isle Blvd. NE**
CITY-ST-ZIP **St. Petersburg, FL 33704**

TITLE **VS** ☐ Delete
NAME **MILKEY, KEVIN R**
STREET ADDRESS **1666 N. DAKOTA AVE NW**
CITY-ST-ZIP **ST. PETERSBURG FL 33703**

TITLE **VS** ☒ Change ☐ Addition
NAME **Milkey, Kevin R**
STREET ADDRESS **605 14th Avenue NE**
CITY-ST-ZIP **St. Petersburg, FL 33701**

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/03 **(727) 821-8765 x 202**
Date Daytime Phone #

CR2E034 (10/02)