

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091130

1. Entity Name  
ASA ENTERTAINMENT, INC.

Principal Place of Business  
2995 ENTERPRISE ROAD  
DEBARY FL 32713

Mailing Address  
POST OFFICE BOX 740967  
ORANGE CITY FL 32774

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3538704

Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent

Name STACY A ECKERT, P.A.

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

2445 S. Volusia Ave, C-3

City Orange City FL Zip Code 32763

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.

STACY A ECKERT

10/22/01

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 \$550.00

After September 12, 2001 Fee will be \$750.00  
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

TITLE NAME ☐ Delete

PSJD  
ASA, ROGER A  
2995 ENTERPRISE ROAD  
DEBARY FL 32713

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

400004679134-9  
-11/14/01--01083--003

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

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: X SIGNATURE REQUIRED ROGER A. ASA

9-28-01 386-775-9218

0113740 AT

CR2E034 (5/01)