

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91364 034 \*\*\*150.00

<b>DOCUMENT # P99000024682</b>	✓
<b>1. Entity Name</b> <b>ASA PROPERTIES, INC.</b>	

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<b>2. Principal Place of Business</b> <b>501 Briley Ave</b> <small>Suite, Apt. #, etc.</small> <b>P.O. BOX 908</b> <small>City &amp; State</small> <b>OAKLAND FL</b> <small>Zip</small> <b>34760-0908</b> <small>Country</small> <b>Orange</b>	<b>3. Mailing Address</b> <b>501 Briley Ave</b> <small>Suite, Apt. #, etc.</small> <b>P.O. Box 908</b> <small>City &amp; State</small> <b>Oakland, FL</b> <small>Zip</small> <b>34760-0908</b> <small>Country</small> <b>Orange</b>
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<b>4. FEI Number</b> <b>65-0900140</b>	<small>Applied For</small> <small>Not Applicable</small>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>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.</b>	<b>7. Name and Address of Current Registered Agent</b> <small>Name</small> <b>Knapp, Arthur D</b> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <b>501 Briley Ave</b> <b>P.O. Box 908</b> <small>City</small> <b>Oakland</b> <small>FL</small> <small>Zip Code</small> <b>34760-0908</b>
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<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>
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<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> <b>Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<b>D</b> <b>Knapp, Arthur D</b> <b>501 Briley Ave</b> <b>Oakland, FL 34760</b>	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<b>D</b> <b>Elias, Scott</b> <b>315 Isle of Sky Circle</b> <b>Orlando, FL 32828</b>	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<b>D</b> <b>Elias, Anna M</b> <b>315 Isle of Sky Circle</b> <b>Orlando, FL 32828</b>	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<b>DO NOT WRITE IN THIS SPACE</b>
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CR2E034B (12/02)

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

<b>SIGNATURE:</b>	<b>Arthur D Knapp</b>	<b>407-625-6850</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
<small>Date</small>		<small>Daytime Phone #</small>