FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90059 005 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042630

1. Entity Name
Asset America Insurance Services Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5681 Hale Rd	5681 Hale Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Venice, FL.	City & State: Venice, FL.
Zip: 34293 Country: Sarasota	Zip: 34293 Country: Sarasota

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-092 0997 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Howard R. Wood Jr. CPA

Street Address (P.O. Box Number is Not Acceptable): 7648 Lockwood Ridge Rd

City: Sarasota FL Zip Code: 34243

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, type 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) ☑

After May 1, Fee is $550.00
Amended UBR is $61.25
Make Checks 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	Brian P. Connor Pres. 5681 Hale Rd Venice, FL-34293
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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: Brian Connor Brian Connor 4-22-02 (941) 587-6795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #