

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90093 048 \*\*\*150.00

**DOCUMENT # P99000048089**

1. Entity Name  
**A & S DEVELOPMENT, INC.**

Principal Place of Business <b>2431 ALOMA AVE., SUITE 286          WINTER PARK FL 32792</b>	Mailing Address <b>2431 ALOMA AVE., SUITE 286          WINTER PARK FL 32792</b>
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**LUU4803J**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1977 Dundee Drive</b>	3. Mailing Address <b>1977 Dundee Drive</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Winter Park, FL</b>	City & State <b>Winter Park, FL</b>	4. FEI Number <b>59-3579653</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32792</b>	Country <b>USA</b>	Zip <b>32792</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>ACEVEDO, SHANE          2431 ALOMA AVE., SUITE 286          WINTER PARK FL 32792</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1977 Dundee Drive</b> City <b>Winter Park FL</b> Zip Code <b>32792</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ACEVEDO, SHANE 2431 ALOMA AVE., SUITE 286 WINTER PARK FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1977 Dundee Drive Winter Park, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD SHEPHERD, THOMAS 2431 ALOMA AVE., SUITE 286 WINTER PARK FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1977 Dundee Drive Winter Park, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Thomas Shepherd **Thomas Shepherd** 4/4/01 (407) 657-1113  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)