FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 290 60010-2011



FILED Apr 20, 2005 8:00 am Secretary of State

1. Entity Nam	A-SIZE, INC.			04-20-2005 90328 050 ***150.00			
i	DO NOT WRITE	IN THIS SP	ACE	***	<i>Б</i> . Б		
2. Principal Place of Business 3268 - 53rd Terrace N. 3. Mailing Address 3268 - 53rd			Terrace	N.	50039601		
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE		
City & State	etersburg, FL 3371	City & State 4 St. Petersh	ourg, FL	33714	El Number 59-3638036	Applied For Not Applicable	
Zip 33714	Country USA	33714	Country USA		Certificate of Status Desired	\$8.75 Additional Fee Required	
33711	0011	2 60 60 6			me and Address of Current Registe		
-	DO MOT W	Name James A. Sizemore III					
. •	DO NOT W	Street Address (P.O. Box Number is Not Acceptable)					
•	IN THIS SP	3268 - 53rd Terrace N.					
			L			L Zi33714	
City St. Petersburg FL Zi33714 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 obligat	ions of registered agent.	q · :_					
SIGNATURE .	James V. &	memore.	#/			il 7, 2005	
	uary 1. May 1. Fee is \$150.00 After May 1, Fee is \$550.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of		Registered Agent signatur	нецинят <u>мэе</u> п п	S. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND I	DIRECTORS					
TITLE NAME STREET ADORESS GITY-SF-ZIP	FCEO Sizemore, James A 3268 - 53rd Terra St. Petersburg, F	ce N.	TITLE NAME STREET ADORESS CITY-ST-ZIP			·	
NAME STREET ADDRESS CITY-ST-7IP	VP Beinhorn, Steve S. 2617 Cove Cay Drive Clearwater, FL 33760		TITLE NAME STREET ADDRESS CITY-ST-7IP				
NAME STREET ADDRESS CITY-ST-ZIP	Secretary Touchton, Sheryl 10965 Temple Avenue Seminole, FL 33722		THILE NAME STREET ADDRESS TO CITY ST-ZIP	•	DO NOT WE	RITE	
UTLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Veteran's Af Gus Farnum 8785 - 56th Stree Pinellas Park, FI	TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CHY-ST-ZIP				
TITLE NAME STREET ADDRESS CHY-ST-ZIP			TITLE NAME STREET ADDRESS CHY-SI-ZIP				
12. Thereby of indicated	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for true and accurate and that m	the exemption state y signature shall ha	d in Section ve the same l	119.07(3)(i). Florida Statutes. I further egal effect as if made under oath; the	certify that the information at Lam an officer or director	

attachment with an address, with all other like empowered.

SIGNATURE:

April 7, 200\$