2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P99000111172

1. Entity Name

ASM CONSULTING, INC.

Principal Place of Business

6 SANDY HOOK RD. NORTH

SARASOTA FL 34242

City & State

Zip



Mailing Address

Country

6 SANDY HOOK RD. NORTH

SARASOTA FL 34242

City & State

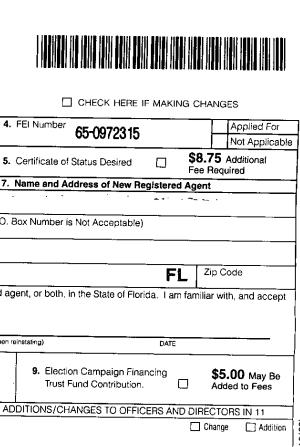
Zip

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

Country



01-13-2003 90143 005 ***150.00



6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MILLED	ALLEN C		Name				
MILLER, ALLEN S 6 SANDY HOOK RD. NORTH			Street Add	Street Address (P.O. Box Number is Not Acceptable)			
SARASOTA FL 34242						· · · · · ·	
0 Th h.			City		FL	Zip Coc	
the obliga	e named entity submits this statement for the purp tions of registered agent.	oose of changing its re	egistered office or re	gistered agent, or b	oth, in the State of Florida. I am fa	amiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if app	olicable. (NOTE: F	Registered Agent signature n	equired when reinstating)	DATE		<u> </u>
	FILE NOW!!! FEE IS \$150.00	-	<u> </u>				
Afte Make Chec	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State				Election Campaign Financing rust Fund Contribution.		00 May Be d to Fees
10.	OFFICERS AND DIRECTO	RS	11.	ADDITIONS	S/CHANGES TO OFFICERS AND	DIRECTOR:	S IN 11
NAME - STREET ADDRESS CITY-ST-ZIP*	PSTD MILLER, ALLEN S 6 SANDY HOOK RD. NORTH SARASOTA FL 34242	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE	O'S TO THE OTE TE	☐ Delete	TITLE				
NAME STREET ADDRESS CITY-ST-ZIP	,	below	NAME STREET ADDRESS			Change	☐ Addition
TITLE			CITY-ST-ZIP	 -			
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	قيرسب -		□ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		Change	Addition
12. I hereby co	ertify that the information supplied with this filing on this report or supplemental report is true and a	does not qualify for the ocurate and that my s	exemption stated in ignature shall have t	Section 119.07(3)(i), Florida Statutes. I further certify	that the inf	ormation

execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with

SIGNATURE: