

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S44672

1. Entity Name

D.N. ASBELL & ASSOCIATES, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90111 014 ***150.00

Principal Place of Business

Mailing Address

1005 WEST MAGNOLIA STREET
CLERMONT FL 34711

1005 WEST MAGNOLIA STREET
CLERMONT FL 34711-6311
US

2. Principal Place of Business

11602 Graces Way
Suite, Apt. #, etc.

3. Mailing Address

11602 Graces Way
Suite, Apt. #, etc.

City & State

Clermont, FL

City & State

Clermont, FL

Zip
34711

Country

LAKE

Zip

34711

Country

LAKE

4. FEI Number

59-3121562

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASBELL, DOUG
1005 WEST MAGNOLIA STREET
CLERMONT FL 34711

Name

Asbell, Doug

Street Address (P.O. Box Number is Not Acceptable)

11602 Graces Way

City

Clermont

FL

Zip Code

34711

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, typed 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)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ASBELL, DOUG
STREET ADDRESS 1005 WEST MAGNOLIA STREET
CITY-ST-ZIP CLERMONT FL 34711

☐ Delete

TITLE PD
NAME Asbell, Doug
STREET ADDRESS 11602 Graces Way
CITY-ST-ZIP Clermont, FL 34711

☒ Change ☐ Addition

TITLE STD
NAME ASBELL, CYNTHIA
STREET ADDRESS 1005 W MAGNOLIA STREET
CITY-ST-ZIP CLERMONT FL 34711

☐ Delete

TITLE STD
NAME Cynthia Asbell
STREET ADDRESS 11602 Graces Way
CITY-ST-ZIP Clermont, FL 34711

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Douglas Asbell

Douglas Asbell

4/14/00

(351) 243-0384

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)