

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 07, 2002 8:00 am  
Secretary of State

0645533 AV

DOCUMENT # V11930

1. Entity Name  
ARTHUR SUSSMAN CONSULTING A.S.C. INC.

02-07-2002 90020 036 \*\*\*150.00

Principal Place of Business *Now ADDRESS.* Mailing Address  
A.S. Consulting, Inc. A.S. Consulting, Inc.  
1316 Hickory Moss Pl 1316 Hickory Moss Pl  
Trinity, FL 34655 Trinity, FL 34655



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3111505

Applied For  
Not Applicable

Zip Country PASCO

Zip Country USA

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

SUSSMAN, ARTHUR N  
1247 FLORIDA AVE  
PALM HARBOR FL

Name  
A.S. Consulting, Inc.  
1316 Hickory Moss Pl  
Trinity, FL 34655

City FL Zip Code

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 *Sharon Sussman*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1/8/02

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP  
D SUSSMAN, ARTHUR N 502 S. FLORIDA AVENUE TARPON SPRINGS FL 34689 ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
PRES, Sharon Sussman 1316 Hickory Moss Pl Trinity FL 34655 ☐ Change ☒ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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: *Sharon Sussman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02 727 372 4648  
Date Daytime Phone #

CR2E034 (9/01)