

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2002 8:00 am**  
**Secretary of State**

02-06-2002 90030 049 \*\*\*158.75

0627336 AT

**DOCUMENT # F94000006171**

1. Entity Name  
**ASB ENTERPRISES, INC.**

Principal Place of Business      Mailing Address  
**818 W. BROOKS AVE.**      **818 W. BROOKS AVE.**  
**NORTH LAS VEGAS NV 89030**      **NORTH LAS VEGAS NV 89030**



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

DO NOT WRITE IN THIS SPACE

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**95-4002247**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MAYHOOD, LYNN**  
**9951 ATLANTIC BOULEVARD, SUITE 440**  
**JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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 \_\_\_\_\_ (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, 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	PTD	<input type="checkbox"/> Delete
NAME	<b>BIRD, ALLAN S</b>	
STREET ADDRESS	<b>818 W. BROOKS AVE.</b>	
CITY-ST-ZIP	<b>NORTH LAS VEGAS NV 89030</b>	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	<b>SALO, JAMES D</b>	
STREET ADDRESS	<b>818 WEST BROOKS AVE</b>	
CITY-ST-ZIP	<b>NORTH LAS VEGAS NV 89030</b>	
TITLE	DV	<input type="checkbox"/> Delete
NAME	<b>BIRD, JOSHUA D</b>	
STREET ADDRESS	<b>818 W. BROOKS AVE.</b>	
CITY-ST-ZIP	<b>NORTH LAS VEGAS NV 89030</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Vice President, Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Lerner, David M.</b>	
STREET ADDRESS	<b>818 West Brooks Avenue</b>	
CITY-ST-ZIP	<b>North Las Vegas, Nevada 89030</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/02

(702) 313-3700

Date      Daytime Phone #

CR2E034 (9/01)