

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000006

1. Entity Name

ASON INTERNATIONAL, INC.

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90060 004 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3120 CEDAR BAY DRIVE  
 MELBOURNE FL 32934  
 US

3120 CEDAR BAY DRIVE  
~~#1511~~  
 MELBOURNE FL 32934-2908  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
 Melbourne FL

4. FEI Number

59-3484464

Applied For

Not Applicable

Zip

Country

Zip  
 32934

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABRAMSON, ELLEN  
 3120 CEDAR BAY DRIVE  
 MELBOURNE FL 32934

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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 Ellen J Abramson Ellen J Abramson 1-14-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP DP ABRAMSON, ELLEN 3120 CEDAR BAY DRIVE MELBOURNE FL 32934	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP SD ERIKSEN, WALTER A JR 9624 LAKE DOUGLAS PL ORLANDO FL 32817-2630	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP D HOY, JEFFREY 524 LACOSTA CT MELBOURNE FL 32940-1916	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input checked="" type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP D ALLEN, JOHN 1707 PARKSIDE DR INDIAN HARBOR BCH FL 32937-1807	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP TD ZIRBEL, LAURA 1900 HOWELL BRANCH ROAD, #5 WINTER PARK FL 32792	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP D OTULAKOWSKI, DEB 6313 KELLY RD CASS CITY MI 48726-9357	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE RECORDED 1-14-00 321-757-7252  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)