

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90303 028 ****61.25

0075446

DOCUMENT # N98000000006

1. Entity Name
ASON INTERNATIONAL, INC.



Principal Place of Business
**3120 CEDAR BAY DRIVE
MELBOURNE FL 32934
US**

Mailing Address
**3120 CEDAR BAY DRIVE
MELBOURNE FL 32934
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3484464**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ABRAMSON, ELLEN
3120 CEDAR BAY DRIVE
MELBOURNE FL 32934**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** Delete
NAME **ABRAMSON, ELLEN**
STREET ADDRESS **3120 CEDAR BAY DRIVE**
CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **ERIKSEN, WALTER A JR**
STREET ADDRESS **9624 LAKE DOUGLAS PL**
CITY-ST-ZIP **ORLANDO FL 32817-2630**

TITLE **CD** Change Addition
NAME **Eriksen, Walter A Jr.**
STREET ADDRESS **9624 Lake Douglas Pl**
CITY-ST-ZIP **Orlando, FL 32817-2630**

TITLE **D** Delete
NAME **HOY, JEFFREY**
STREET ADDRESS **524 LACOSTA CT**
CITY-ST-ZIP **MELBOURNE FL 32940-1916**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **ZIRBEL, LAURA**
STREET ADDRESS **1900 HOWELL BRANCH ROAD, #5**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **OTULAKOWSKI, DEB**
STREET ADDRESS **6313 KELLY RD**
CITY-ST-ZIP **CASS CITY MI 48726-9357**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Change Addition
NAME **Kristen Platts**
STREET ADDRESS **11 BATTERY GEND CT**
CITY-ST-ZIP **MONTGOMERY VILLAGE, MD 20886**

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 REQUIRED **ELLEN J. ABRAMSON** 4-21-03 321-757-7252

CR2E037 (10/02)