## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # \$47564** Jun 09, 2000 8:00 am Secretary of State 1. Entity Name ASIASOFT, INC. 06-09-2000 90013 005 \*\*\*550.00 Principal Place of Business Mailing Address PO BOX 4260 1766 20TH AVENUE VERO BEACH FL 32960 VERO BEACH FL 32964 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0255654 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DURR, GEORGE H. Street Address (P.O. Box Number is Not Acceptable) 175 RIVERWAY DRIVE VERO BEACH FL 32963 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE DURR, GEORGE H. NAME NAME STREET ADDRESS STREET ADDRESS 175 RIVERWAY DRIVE CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL ☐ Addition Change ☐ Delete TITLE DURR. SEONG E NAME STREET ADDRESS STREET ADDRESS 175 RIVERWAY DRIVE CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL ☐ Change Addition TITLE Delete DURR, RICHARD F. NAME NAME STREET ADDRESS STREET ADDRESS 1403 CLUB DRIVE CITY-ST-ZIP CITY-ST-7IP **VERO BCH FL** Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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

4/25/2000

361-791-9888 Daytime Phone #