

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90363 027 ***150.00

DOCUMENT # F53912

1. Entity Name

Aslan, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2440 SE Federal Highway

3. Mailing Address
PO Box 1500

Suite, Apt. #, etc.
Suite 700

Suite, Apt. #, etc.

City & State
Stuart, FL

City & State
Stuart, FL

Zip
34994

Country
USA

Zip
34995-1500

Country
USA

4. FEI Number
59-2141080

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Holly, Eric B.

Street Address (P.O. Box Number is Not Acceptable)
2440 SE Federal Highway

Suite 700

City
Stuart

FL

Zip Code
34994

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

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

(NOTE: Registered Agent signature required when remitting)

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
Holly, Eric B.
2440 SE Federal Hwy, Suite 700
Stuart, FL 34994

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/2002

DATE

772-288-4880

Daytime Phone #

CR2E034R (12/01)