

02-03
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY 21 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L08350**

1. Entity Name

ASEPSIS INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6096 N.W. 24th St.

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State
Boca Raton, FL

City & State

4. FEI Number
65-0149835

Applied For
Not Applicable

Zip
33434

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Donald L. Summer**

Street Address (P.O. Box Number is Not Acceptable)

6096 N.W. 24th St

City **Boca Raton**

FL

Zip Code **33434**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

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: **Pres**
NAME: **MCMULLEN, WILLIAM T.**
STREET ADDRESS: **6096 N.W. 24th ST**
CITY-ST-ZIP: **BOCA RATON, FL 33434**

TITLE
NAME
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CITY-ST-ZIP

800019681818
05/21/03--01062--007 **150.00

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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: **Cleo Marki** **CLEO MARKI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

Date

716-684-4692

Daytime Phone #

CR2E034B (12/01)