

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000091

1. Entity Name

ASIA CONNECTION INC.

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90357 001 ****61.25

05-20-2002 90357 002 ****8.75

Principal Place of Business

4532 W. KENNEDY BLVD., #262
TAMPA FL 33609

Mailing Address

4532 W. KENNEDY BLVD., #262
TAMPA FL 33609

2. Principal Place of Business

8490 W. HILLSBOROUGH AVE.

3. Mailing Address

8490 W. HILLSBOROUGH AVE.

Suite, Apt., etc.

118

118

City & State

TAMPA FLORIDA

City & State

TAMPA FLORIDA

Zip

33615

Country

U.S.A.

Zip

33615

Country

U.S.A.

4. FEI Number

59-3619780

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSE, WILLIAM E
4725 EL DORADO DRIVE
TAMPA FL 33615-5032

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.

SIGNATURE

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

TITLE D ☐ Delete
NAME ROSE, WILLIAM E
STREET ADDRESS 4532 W. KENNEDY BLVD., #262
CITY-ST-ZIP TAMPA FL 33609

TITLE CD ☐ Delete
NAME HEUBECK, KERRY
STREET ADDRESS P.O. BOX 114
CITY-ST-ZIP SAN CRISTOBAL NM 87564

TITLE CD ☐ Delete
NAME SMITH, HILLARY
STREET ADDRESS 555 BAYLEY HAZEN ROAD BOX 72
CITY-ST-ZIP PEACHAM VT 05862

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DIRECTOR ☒ Change ☐ Addition
NAME ROSE, WILLIAM E.
STREET ADDRESS 8490 W. HILLSBOROUGH AVE. #118
CITY-ST-ZIP TAMPA FL 33615

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

REQUIRED

MAY 6, 2002 (813) 885-6193

CR2E037 (9/01)