

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

DOCUMENT # N00000000091

1. Entity Name

ASIA CONNECTION INC.



Principal Place of Business

8490 W HILLSBOROUGH AVE
STE 118
TAMPA FL 33615

Mailing Address

8490 W HILLSBOROUGH AVE
STE 118
TAMPA FL 33615

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

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

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME ROSE, WILLIAM E
STREET ADDRESS 8490 W HILLSBOROUGH AVE #118
CITY-ST-ZIP TAMPA FL 33615 ☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CO-DIRECTOR
NAME EDWARD K. ROSE
STREET ADDRESS 3570 SACRAMENTO ST - APT. 301
CITY-ST-ZIP SAN FRANCISCO CA 94118 ☐ Change ☒ Addition

TITLE CO-DIRECTOR
NAME H'KRIH SHELHAMER
STREET ADDRESS 2607 WOODWINDS CT.
CITY-ST-ZIP KIRKSVILLE MO 63501 ☐ Change ☐ Addition

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

CR2E037 (10/02)

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:

WILLIAM E. ROSE MAR. 6, 2003 (813) 901-9711