

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90321 040 ****70.00

DOCUMENT # N13984

1. Entity Name

ASLAN HOUSE, INC.

Principal Place of Business

225 E. DUVAL ST.
 JACKSONVILLE FL 32201
 US

Mailing Address

P.O. BOX 52116
 JACKSONVILLE FL 32201
 US

2. Principal Place of Business

4311 MELROSE AVE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

City & State

Zip

32205

Country

USA

Zip

Country

4. FEI Number

59-2662845

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HINSON, PAULA ANNE
1626 GERALDINE DRIVE
JACKSONVILLE FL 32205

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

Paula Anne Hinson

1/18/02

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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **DAY, JOANNE REED**
 CITY-ST-ZIP **7077 BONNEVAL ROAD**
JACKSONVILLE FL 32205

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **JOHNSON, GREGORY**
 CITY-ST-ZIP **7077 BONNEVAL ROAD, #202**
JACKSONVILLE FL 32216

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **ALTERMAN, LEONARD**
 CITY-ST-ZIP **9116 CYPRESS GREEN DR.**
JACKSONVILLE FL

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **DAVIS, MARLENE**
 CITY-ST-ZIP **1544 CHELSEA AVE.**
ORANGE PARK FL 32073

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HINSON, PAULA**
 CITY-ST-ZIP **1626 GERALDINE DRIVE**
JACKSONVILLE FL 32205

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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:

Paula Anne Hinson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/02

Date

Daytime Phone #

CR2E037 (9/01)