

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

05-29-2001 90004 043 \*\*\*150.00

**DOCUMENT # P00000050248**  
 1. Entity Name  
**ASPERON TECHNOLOGIES, INC.**

Principal Place of Business <b>11668 PIPING PLOVER ROAD LAKE WORTH FL 33467-5846</b>	Mailing Address <b>11668 PIPING PLOVER ROAD LAKE WORTH FL 33467-5846</b>
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650508



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-1082832</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LAURENCE, SCOTT**  
**11668 PIPING PLOVER ROAD**  
**LAKE WORTH FL 33467-5846**

**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. (NOT 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)

**FILE NOW!**  
**After MAY 1, 2001**  
**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LAURENCE, SCOTT</b>	
STREET ADDRESS	<b>11668 PIPING PLOVER ROAD</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467-5846</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GEUSZ, DARRELL</b>	
STREET ADDRESS	<b>1441 BRANDYWINE RD. #800-0</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33409</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Geusz, Darrell</b>	
STREET ADDRESS	<b>615 NW Stanford Lane</b>	
CITY-ST-ZIP	<b>Port St Lucie, FL 34983</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Scott Laurence **SCOTT LAURENCE** **05/01/2001** **561 798 6609**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)