

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90367 034 \*\*\*150.00

0031021 AV

**DOCUMENT # P02000118791**

**1. Entity Name**  
**ASIAN INDUSTRIES, INC.**



**Principal Place of Business**  
1255 CHAFFEE RD. SOUTH  
JACKSONVILLE FL 32221

**Mailing Address**  
1255 CHAFFEE RD. SOUTH  
JACKSONVILLE FL 32221

**2. Principal Place of Business**

1659 ST Johns Bluff Rd  
Suite, Apt. #, etc.

**3. Mailing Address**

1255 Chaffee Rd  
Suite, Apt. #, etc.

**City & State**

JAX

**Zip**

32246

**Country**

USA

**City & State**

JAX

**Zip**

32221

**Country**

USA

**4. FEI Number**

51 0437060

**Applied For**

☐ Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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

DUSS, ROBERT V  
1050 RIVERSIDE AVE.  
JACKSONVILLE FL 32204

**Name**

J L Hayes

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

1255 Chaffee RD S

**City**

JAX

**FL**

**Zip Code**

32221

**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**

J L Hayes

Pres J L Hayes

4-10-03

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing  
Trust Fund Contribution.**

☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	HAYES, J.L.	
<b>STREET ADDRESS</b>	1255 CHAFFEE RD. SOUTH	
<b>CITY-ST-ZIP</b>	JACKSONVILLE FL 32221	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	HAYES, GLORIA M	
<b>STREET ADDRESS</b>	1255 CHAFFEE RD. SOUTH	
<b>CITY-ST-ZIP</b>	JACKSONVILLE FL 32221	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

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

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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 607, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J L Hayes

4-10-03

904 981-6882

Date

Daytime Phone #

CR2E034 (10/02)