

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000037955

1. Entity Name

ASON, INC.

FILED

May 20, 2000 8:00 am
Secretary of State

05-20-2000 90007 015 ***150.00

Principal Place of Business

Mailing Address

200 E. LAS OLAS BLVD.
SUITE 2050
FT LAUDERDALE FL 33301
US

200 E. LAS OLAS BLVD.
SUITE 2050
FT LAUDERDALE FL 33301-2240
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0418939

Applied For.

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRINKLEY, W M
200 EAST LAS OLAS BLVD.
STE. 1800
FORT LAUDERDALE FL 33301

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MOLLER, ANDERS
STREET ADDRESS 200 E LAS OLAS BLVD STE 2050
CITY-ST-ZIP FORT LAUDERDALE FL

☐ Delete

TITLE S
NAME FORD, JANICE
STREET ADDRESS 200 E LAS OLAS BLVD STE 2050
CITY-ST-ZIP FT. LAUDERDALE FL

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☐ Change ☐ Addition

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anders Moller

4/28/00

Date

7545240601

Daytime Phone #

CR2E034 (9/99)