

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90025 025 ***150.00

DOCUMENT # P93000037955

1. Entity Name
ASON, INC.

Principal Place of Business
200 E. LAS OLAS BLVD.
SUITE 2050
FT LAUDERDALE FL 33301
US

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

2. Principal Place of Business
ONE FINANCIAL PLAZA

3. Mailing Address
ONE FINANCIAL PLAZA

Suite, Apt. #, etc.
SUITE 125

Suite, Apt. #, etc.
SUITE 125

City & State
FT. LAUDERDALE FL

City & State
FT. LAUDERDALE FL

Zip
33394-0063

Country
USA

Zip
33394-0063

Country
USA

4. FEI Number
65-0418939

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRINKLEY, W M
200 EAST LAS OLAS BLVD.
STE. 1900
FORT LAUDERDALE FL 33301

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.

(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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
 NAME ☒ Change ☐ Addition
 STREET ADDRESS **ONE FINANCIAL PLAZA SUITE 125**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33394-0063**

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

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS **One Financial Plaza Suite 125**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33394-0063**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

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TITLE
 NAME ☐ Change ☐ Addition
 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 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 duly empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/25/02

954524-0601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ANDERS MOLLER

CR2E034 (9/01)