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| DOCUMENT # P94000054591 | | | |
| 1. Entity Name <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> ASLAN ASSOCIATION, INC. </div> | | | |
| Principal Place of Business 7205 NW 47TH CT GAINESVILLE FL 32606 US | | Mailing Address 7205 NW 47TH CYT GAINESVILLE FL 32606-3933 US | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | |
| 6. Name and Address of Current Registered Agent | | | |
| <div style="border: 1px solid black; padding: 10px; min-height: 100px;"> WEBER, MARY L 7205 NW 47TH CT GAINESVILLE FL 32606 </div> | | | Name Street Address City |
| 8. The above named entity submits this statement for the purpose of changing its registered office or register SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>(NOTE: Registered Agent signature required)</small> | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | |
| 11. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P WEBER, MARY LOUISE 7205 NW 47TH CT GAINESVILLE FL | <input type="checkbox"/> Delete | 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP |
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