

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90109 019 \*\*\*150.00

**DOCUMENT # P96000099388**

1. Entity Name

**ASIA MILLENNIUM INVESTMENTS, INC.**

Principal Place of Business

**3501 N.E. 10 STREET  
OCALA FL 34470**

Mailing Address

**3501 N.E. 10 STREET  
OCALA FL 34470**

2. Principal Place of Business

**6148 OIL WELL ROAD**

Suite, Apt. #, etc.

3. Mailing Address

**6148 OIL WELL ROAD**

Suite, Apt. #, etc.

City & State

**CLERMONT FL**

City & State

**CLERMONT FL**

4. FEI Number

**65-0716245**

Applied For

Not Applicable

Zip

**34711**

Country

**USA**

Zip

**34711**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional

Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, ROSE J**

**3501 N.E. 10TH STREET**

**OCALA FL 34470**

7. Name and Address of New Registered Agent

Name

**DENISE EDMUNDS**

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

**6148 OIL WELL ROAD**

City

**CLERMONT**

**FL**

Zip Code

**34711**

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)

**4-8-02**

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

TITLE **SD** ☐ Delete  
NAME **JOHNSON, ROSE J**  
STREET ADDRESS **3501 N.E. 10TH STREET**  
CITY-ST-ZIP **OCALA FL 34470**

TITLE **PD** ☐ Delete  
NAME **THOMSEN, BRUCE E**  
STREET ADDRESS **75 ANTON BLVD #300**  
CITY-ST-ZIP **COSTA MESA CA 92626**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SD** ☒ Change ☐ Addition  
NAME **DENISE EDMUNDS**  
STREET ADDRESS **6148 OIL WELL RD.**  
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS **575 ANTON BLVD #300**  
CITY-ST-ZIP **COSTA MESA, CA 92626**

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

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

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

TITLE ☐ Change ☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BRUCE E. THOMSEN**

**February 25, 2002**

Date

Daytime Phone #

CR2E034 (9/01)