2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P9700033179

FILED Sep 08, 2002 8:00 am Secretary of State 09-08-2002 90051 012 ***150.00

| 1. Entity Na | ame ASE SYSTEMS, INC. | 0000173 | | À | / | 09 00 200 | 2 70031 012 | 2 130.0 |
|--------------------------------|---|----------------------------------|---|---------------------|-----------------------------|---|---|----------------|
| 00008 | MOE STOTEINIS, INC. | | | \checkmark | | | | |
| Principal Place of Business | | Mailing Address | | | _nnT3e038 | | | |
| 29050 US 19 N | | 28050 US 19 N STE 203 | | | | ÷ | | |
| CLEARWATE | ER FL 33761 | CLEARWATER FL 33761 | | • | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | |
| City & State | | City & State | | | 4. FEI Numb | er 59-3449912 | | Applied For |
| Zip Country | | ZipCountry | | | .5. Certificate | of Status Desired | \$8.75 A | Not Applicable |
| | 6. Name and Address of Current | Registered Acent | | | | | Fee Requi | |
| | المنتخبين دوالا | | _ Nam | | 1517 - | Address of New Regist | | |
| POPOVIC | | | Stree | PAddress (Pa | O Box Number | abanon | | |
| 103 SECOND AVE SOUTH STE 600 ± | | | | 8050 | 2 WS | er is Not Acceptable) | <u>+h </u> | |
| | FL 33701 | | Ste | | 203 | • | | |
| OI ÎFIF | 11.55/01 | | 800 | Leady | witer | | FL Zip 60 | タフムノ |
| 8. The above the obligation | e named entity submits this statement for ations of registered agent. | the purpose of changing its | registered offic | e or registered | d agent, or bot | h, in the State of Florida. | l am familiar with | h, and accept |
| SIGNATURE | J 111 | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent a | nd title if applicable. (NOT | E: Registered Agent si | gnature required wi | hen reinstating) | | PATE | |
| Tax filing | oration is eligible to satisfy its Intangible requirement and elects to do so. urla on back) | After September 13 | FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750. Make Check Payable to Department of Sta | |) i - | ction Campaign Financing st Fund Contribution. | · _ ΨΨ. | 00 May Be |
| 11. | OFFICERS AND D | | 12. | | | CHANGES TO OFFICERS | AND DIRECTOR | RS IN 11 |
| TITLE | D TABANON, Y | ☐ Delete | TITLE | | | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS | 28050 US 19 N- STE 203 | | NAME STREET ADDRES | | | | | |
| CITY-ST-ZIP | CLEARWATER FL 33761 | | CITY-ST-ZIP | ~ | | | | |
| TITLE | D | ☐ Delete | TITLE | <u> </u> | · · | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS | HAMON, P 28050 US 19 N- STE 203 | | NAME | _ | | • | | |
| CITY-ST-ZIP | CLEARWATER FL 33761 | | STREET ADDRES | s | | | | • |
| INTLE | | - Delete - | ' timue_ | | , · · · · · · · · · · · · · | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS | | | NAME | | | | | |
| CITY-ST-ZIP | | | STREET ADDRES | s | | | | i |
| TITLE | | ☐ Defete | TITLE | | - | | ☐ Change | Addition |
| NAME Street address | • | | NAME | . ` | | | | |
| CITY-ST-ZIP | and the second second | | STREET ADDRESS CITY+ST-ZIP | s | | | | |
| TITLE | STON A | ☐ Delete | TITLE | | | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS | | • | NAME | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | § | | | | . } |
| TITLE | | ☐ Delete | TITLE | | | | Change | ☐ Addition |
| NAME | | | NAME | | | | C simile | |
| STREET ADDRESS City-St-Zip | | ÷ • | STREET ADORESS CITY-ST-ZIP | ; | | | | |
| | ertify that the information supplied with the | is filing does not quality for t | | ated in Section | n 110 07/243 | Florida Ctatutan 15 | | |

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 changed, or on an attachment with an address, with all other like empowered.

GNATURE:

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Dispute Certify that the information stated in Section 119,07(3)(i), Florida Statutes. I further certify that the information 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

SIGNATURE:

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

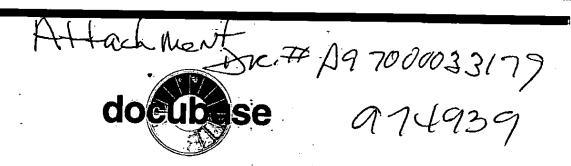
Date

Dispute Phone of the corporation of the information of the corporation of the corporation of 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

CRATTURE SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

D



August 13, 2002

Division of Corporation P.O. Box 1500 Tallahassee, FL 32302-1500

Tananassec, EL 32302-1300

This letter is to explain that the Uniform Business Report was never received prior to it's original due date and therefore we are requesting that the late fee be waived, subsequently, we are sending in the original filing fee of \$150.00.

Please feel free to contact me if you have any questions.

Thank you,

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Yannick Tabanon Vice President