2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 19, 2000 8:00 am Secretary of State DOCUMENT # **P97000055072** 1. Entity Name ASET, INC. 04-19-2000 90038 023 ***150.00 Principal Place of Business Mailing Address 8256 VERDURA ST. 8256 VERDURA ST. NAVARRE FL 32566 NAVARRE FL 32566-9263 2. Principal Place of Business 3. Mailing Address NAUAU DO NOT WRITE IN THIS SPACE 328 4. FEI Number Applied For 69:3456587 UARNE Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent MERWIN, KENNETH 8256 VERDURA ST. NAVARRE FL 32566 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the state of Florida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE TITLE ☐ Delete Menuin, Kennoth MERWIN, KENNETH NAME 8668 NAVAURE PRWY STREET ADDRESS STREET ADDRESS 8256 VERDURA ST. CITY-ST-ZIP CITY-ST-ZIP NAVARRE FL 32566 ☐ Addition ☐ Change TITLE TITLE NIX, DEBORAH NAME NAME STREET ADDRESS STREET ADDRESS 8256 VERDURA ST. CITY-ST-ZIP CITY-ST-ZIP NAVARRE FL 32566 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP □ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE

13. I hereby certify that the information supplied with this filling 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 eath; 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13/00 Daytim

936-026E

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Daytime Phone #