FILED

## 2002 Uniform Business Report (UBR)

## Mar 26, 2002 8:00 am **Secretary of State** P97000099906 DOCUMENT # 1. Entity Name 03-26-2002 90071 012 \*\*\*150.00 AEON INTERNATIONAL INC. Principal Place of Business Mailing Address 3300 WEDGEWOOD DR. N.E. 3300 WEDGEWOOD DR. N.E. SUITE 305 SUITE 305 PALM BAY FL 32905 PALM BAY FL 32905 2. Principal Place of Business 23/6 MANOR 3. Mailing Address 2316 MANOR DINE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FÉI Number 59-3477364 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEBER, ROBERT E 3300 WEDGEWOOD DR. N.E. **SUITE 305** PALM BAY FL 32905 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, Soboth, 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 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. A to ... OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 CR2E034 (9/01) TITLE ☐ Addition TITLE ☐ Delete NAME WEBER, ROBERT E. NAME 27/6 MANORDINE STREET ADDRESS 3300 WEDGEWOOD DR NE STE 305 STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32905 CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE CLIFFORD, SIMONETTE NAME NAME STREET ADDRESS 3300 WEDGEWOOD DR NE STE 305 STREET ADDRESS 2316 MANORDINE CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32905 ☐ Delete ☐ Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 endowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if SIGNATURE: