

2001 UNIFORM BUSINESS REPORT (UBR)

FILED  
May 04, 2001 8:00 am  
Secretary of State  
05-04-2001 90165 013 \*\*\*150.00

DOCUMENT # P98000104210  
1. Entity Name  
ASPAC INC

Principal Place of Business Mailing Address

2. Principal Place of Business 5666 RODMAN ST  
Suite, Apt. #, etc. UNIT # 6.  
City & State Hollywood, FL  
Zip 33023 Country  
3. Mailing Address 5722 S FLAMINGO RD  
Suite, Apt. #, etc. # 300  
City & State FT. LAUDERDALE, FL  
Zip 33330 Country

4. FEI Number 65-00881076  
Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
Bill Gowanloch  
5666 Rodman ST  
Unit 6  
Hollywood, FL 33023

7. Name and Address of New Registered Agent  
Name Bill Gowanloch  
Street Address (P.O. Box Number is Not Acceptable) 5666 Rodman ST  
Unit 6  
City Hollywood FL Zip Code 33023

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) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒  
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees  
FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
SECY/TREASURER. GRACE GOWANLOCH 5666 Rodman ST. Unit 6 Hollywood, FL 33023  
Delete  
Delete  
Delete  
Delete  
Delete  
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Change Addition  
Change Addition  
Change Addition  
Change Addition  
Change Addition  
Change Addition

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: Grace A Gowanloch  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 4-24-01  
Daytime Phone # 954-680-7830

CR2E034 (11/00)