

2000 UNIFORM BUSINESS REPORT (UBR)

5/9/00-90112-016-\$150.00-\$150.00

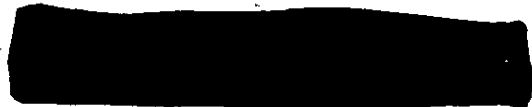
DOCUMENT # P99000018522

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 27 PM 6:41

1. Entity Name
SESON INVESTMENTS, INC.

Principal Place of Business Mailing Address
11736 REEDY CREEK DRIVE #107 11736 REEDY CREEK DRIVE #107
ORLANDO FL 32836 ORLANDO FL 32836-6817



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
59-3558538

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ASLAM, MOHAMMAD
11736 REEDY CREEK DRIVE #107
ORLANDO FL 32836

7. Name and Address of New Registered Agent

Name **MOHAMMED CHIPPA**

Street Address (P.O. Box Number is Not Acceptable)
11736 REEDY CREEK DR. #107

City **ORLANDO** FL Zip Code **32836**

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 DATE **4.9.00**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D. PRESIDENT ASLAM, MOHAMMAD 11736 REEDY CREEK DRIVE #107 ORLANDO FL 32836 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOHAMMED CHIPPA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11736 REEDY CREEK DR. #107 ORLANDO - FL. 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition SECRETARY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **REQUIRED** DATE **4.9.2000** DAYTIME PHONE # **407.238-1101**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)