

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04/07/2002 AV

DOCUMENT # **P01000003883**

1. Entity Name
ASHEETI INC.

04-07-2002 90088 048 ***150.00

Principal Place of Business: **3314 S. DALE MABRY TAMPA FL 33629**
 Mailing Address: **3314 S. DALE MABRY TAMPA FL 33629**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **4336 S. MANHATTAN AVE**
 Suite, Apt. #, etc.
 3. Mailing Address: **4336 S. Manhattan Ave**
 Suite, Apt. #, etc.
TAMPA FL

City & State: **TAMPA FL**
 Zip: **33611** Country: **USA**
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 Zip: **33611** Country: **USA**

4. FEI Number: **59-3689056**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
ENGINEER, BIPINCHANDRA J
3314 S. DALE MABRY
TAMPA FL 33629

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable): **4336 S. MANHATTAN AVE**
TAMPA
 City: **FL** Zip Code: **33611**

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]* **BIPINCHANDRA ENGINEER, PRESIDENT** DATE: **01/20/2002**
Signature, typed or printed name of registered agent and title 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. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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	PRESIDENT BIPINCHANDRA ENGINEER 4336 S. MANHATTAN AVE TAMPA FL 33611	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY USHA ENGINEER 4336 S. MANHATTAN AVE TAMPA FL 33611	<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		<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
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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: *[Signature]* **BIPINCHANDRA ENGINEER** DATE: **01/20/2002** DAYTIME PHONE #: **813-831-9553**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)