

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90191 016 ***150.00

DOCUMENT # F00000005000

1. Entity Name

KASHM, INC.

Principal Place of Business

1029 PEACHTREE PARKWAY NORTH, STE. A-1
 PEACHTREE CITY GA 30269

Mailing Address

1029 PEACHTREE PARKWAY NORTH, STE. A-1
 PEACHTREE CITY GA 30269

2. Principal Place of Business

Holiday Inn Main Gate East
 Suite, Apt. #, etc.

3. Mailing Address

5678 Irlo Bronson Memorial Hwy (192)
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Kissimmee

City & State

FL

4. FEI Number

58-2537205

Applied For

Not Applicable

Zip

34746

Country

Orange

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, JOHN
 C/O HOLIDAY INN EAST
 1260 HIGHWAY 192
 ORLANDO FL

7. Name and Address of New Registered Agent

Name John Johnson

Street Address (P.O. Box Number is Not Acceptable)

5678 Irlo Bronson Memorial Hwy (192)

City

KISSIMMEE

FL

Zip Code

34746

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

CO-OWNER

01-09-01

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, 2001 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	PCD STALVEG, LAWRENCE W 6088 STAUNTON COURT CHARLOTTE NC 28255	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, JOHN W 405 TABERON ROAD PEACHTREE CITY GA 30269	<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
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-09-01 678-571-4197

CR2E034 (10/00)