

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90237 006 ***150.00

DOCUMENT # F41978

1. Entity Name
ASHWIN SYSTEMS INTERNATIONAL INC.



Principal Place of Business

1680 CURLEW ROAD

PALM HARBOR FL 34683

US

DUNEDIN FL 34698

Mailing Address

P. O. BOX 1014

DUNEDIN FL 34697-1014

US

11016801



2. Principal Place of Business

1680 Curlew Road

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Dunedin, FL

Zip

34698

Country

US

City & State

Zip

Country

4. FEI Number

59-2120560

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUTCHINGSON, JANNE Y.

1680 CURLEW

PALM HARBOR FL 34683 — DUNEDIN FL 34698

Name

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

City

Dunedin, FL

FL

Zip Code

34698

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **HUTCHINGSON, JANNE**
STREET ADDRESS **1680 CURLEW RD**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE ☐ Change ☐ Addition
NAME **XX**
STREET ADDRESS
CITY-ST-ZIP **DUNEDIN FL**

TITLE **VSD** ☐ Delete
NAME **ROCKLEY, YVONNE**
STREET ADDRESS **1680 CURLEW RD**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE ☐ Change ☐ Addition
NAME **XX**
STREET ADDRESS
CITY-ST-ZIP **DUNEDIN FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Yvonne Rockley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03

Date

Daytime Phone #

CR2E034 (10/02)