FILED
Mar 04, 2003 8:00 am
Secretary of State
03-04-2003 90071 033 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J06734

1. Entity Name
ZASH ENTERPRISES, INC.

Principal Place of Business
~~4158 LASALLE DR.~~
~~PALM HARBOR, FL 34685~~

Mailing Address
~~4158 LASALLE DR.~~
~~PALM HARBOR, FL 34685~~

2. Principal Place of Business: 394 S. Ponderosa Way
Suite, Apt. #, etc.
City & State: Evergreen CO
Zip: 80439 Country

3. Mailing Address: 394 S. Ponderosa Way
Suite, Apt. #, etc.
City & State: Evergreen, CO
Zip: 80439 Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-2654771 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
~~SILBERMANN, GALE S~~
~~2600 MCCORMICK DRIVE, SUITE 200~~
~~CLEARWATER, FL 33759~~

7. Name and Address of New Registered Agent
Name: Silbermann Gale
Street Address (P.O. Box Number is Not Acceptable): Baxter, Strohauer, Mannion & Silbermann P.A.
1150 Cleveland Street Suite 300
City: Clearwater FL Zip Code: 33755

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] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 2/19/03

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PVS SHORT, WILLIAM W., III ~~3450 EAST LAKE RD #2~~ ~~PALM HARBOR, FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 394 S. Ponderosa Way Evergreen, CO 80439
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CR2E034 (10/02)

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: [signature] PS — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 2/21/03 — Daytime Phone # 303 679-6528