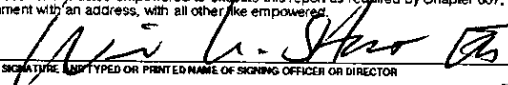


2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

00010001

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.	3. Mailing Address 394 S. Ponderosa Way Suite, Apt. #, etc.
City & State Evergreen CO Zip 80439	City & State Evergreen CO Zip 80439
4. FEI Number 59-2654771	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SILBERMANN GALE 2500 MCCORMICK DRIVE, SUITE 200 CLEARWATER, FL 38769	
7. Name and Address of New Registered Agent Name Silbermann Gale Street Address (P.O. Box Number Is Not Acceptable) Baxter, Strohauser, 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  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 394 S. Ponderosa Way Evergreen, CO 80439	TITLE NAME STREET ADDRESS CITY-ST-ZIP 394 S. Ponderosa Way Evergreen, CO 80439
TITLE NAME STREET ADDRESS CITY-ST-ZIP TD SHORT, WILLIAM W., III 394 S. Ponderosa Way Evergreen, CO 80439	TITLE NAME STREET ADDRESS CITY-ST-ZIP 394 S. Ponderosa Way Evergreen, CO 80439
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS 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:  DATE 2/22/03 679-6528	