

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006645

1. Entity Name
ASTONBURY INT., LLC

Principal Place of Business
5272 HIGHWAY 87 SOUTH
MILTON FL 32583

Mailing Address
5272 HIGHWAY 87 SOUTH
MILTON FL 32583

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

5272, HWY 87-S

Suite, Apt. #, etc.

- SAME -

City & State

MILTON FL

City & State

MILTON FL

Zip

32583

Country

SANTAROSA

Zip

32583

Country

USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

- SAME -

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

100004368391--0
-06/06/01--01098--011
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SINGH, HARJINDER 5272 HIGHWAY 87 SOUTH MILTON FL 32583	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JINDAL, AJAY 5272 HIGHWAY 87 SOUTH MILTON FL 32583	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SINGH, DAVINDER 5272 HIGHWAY 87 SOUTH MILTON FL 32583	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANISHA JINDAL 5272, HWY 87-SOUTH MILTON FL 32583	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

4/27/01

850-626-7502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #