

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000069175**

1. Entity Name

ACASHA INC.

FILED
Apr 07, 2001 8:00 am
Secretary of State

03-20-2001 90058 046 ***150.00

Principal Place of Business
28000 SPANISH WELLS BLVD.
BONITA SPRINGS FL 34135Mailing Address
28000 SPANISH WELLS BLVD.
BONITA SPRINGS FL 341352. Principal Place of Business
4895 Bonita Beach Rd
Suite, Apt. #, etc.
3033. Mailing Address
4895 Bonita Beach Rd
Suite, Apt. #, etc.
303City & State
Bonita Springs
Zip
34134 FL CountryCity & State
Bonita Springs
Zip
34134 FL Country4. FEI Number
52-2261494Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMBUM, JAMES W
28000 SPANISH WELLS BLVD.
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

Name
Oliver-Mayer

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

4895 Bonita Beach Rd #303

City
Bonita Springs FL Zip Code
34134

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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MAIER, ANGELIKA
28000 SPANISH WELLS BLVD.
BONITA SPRINGS FL 34135 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D, P, T, V, S
MAIER, Angelika
4895 Bonita Beach Rd 303
Bonita Springs FL 34134 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 #

CR2E034 (10/00)