2011 UNIFORM BUSINESS REPORT (UBR) FILED Apr 23, 2001 8:00 am Secretary of State DOC JMENT # P0000079314 Entity Name ASHISH ENTERPRISES, INC. 04-23-2001 90198 023 ***150.00 Principal Place of Business Mailing Address 1108 SW 115TH ST 1108 SW 115TH ST GAINESVILLE FL 32607 GAINESVILLE FL 32607 2. Principal Place of Business 3. Mailing Address 3100 COLLEGE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 廿 154 Applied For 4. FEI Number City & State City & State 59-3665494 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required MARION 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHOKSHI, DINESH 1108 SW 115TH ST GAINESVILLE FL 32607 ℥ℶ╚ℴℸ tity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above nan KAMESH SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, type inted name of registered agent and title if applicab FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition Delete TITLE TITLE PATEL, YOGESH NAME NAME 1108 SW 115TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32607 Change X Addition ۷Ď ■ Delete TITLE TITLE PATEL, ASHISH R NAME ASHISH NAME PATEL 1108 S.W. 115 TH STREET GAINESVILLE, FL, 32 1108 SW 115TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32607 Change ☐ Addition TITLE ST ☐ Delete PATEL, RAMESH NAME NAME > STREET ADDRESS 1108 SW 115TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32607 ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 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 supplied with the information indicated on this report or supplied with the information indicated on this report or supplied with the information indicated on this report or supplied with the information indicated on this report or supplied with the information indicated on this report or supplied with the information indicated on this report or supplied with the information indicated on this report or 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 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 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 as report or 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 in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the in

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Almon

252.461-0143

Daytime Phone #