2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000011172

KASHEF, FELÓR

OVIEDO, FL 32765

61 ALAFAYA WOODS BLVD #181

Name:

Address:

City-St-Zip:

Entity Name: AGRICULTURE & SYSTEMS INTEGRATORS INC.

FILED Jan 12, 2003 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
61 ALAFA OVIEDO, I	YA WOODS B FL 32765	LVD #181			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
61 ALAFA OVIEDO, I	YA WOODS B FL 32765	LVD #181			
FEI Number	: 01-0588657	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
61 ALAFÁ OVIEDO, I			ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Agent			ent	Date	
	mpaign Financin S AND DIREC	g Trust Fund Contribution(). CTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	KASHEF, OWF	VOODS BLVD #181	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	KASHEF, OWF	VOODS BLVD #181	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title [.]	VD () Delete	Title [.]	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: OWRANG KASHEF PD 01/12/2003