2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	P02000034293
 Entity Name 	

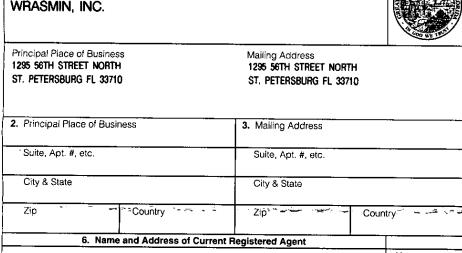


01-15-2003 90279 046 ***150.00

Jan 15, 2003 8:00 am Secretary of State

FILED

DOCUMENT # 1. Entity Name	P02000034293
WRASMIN, INC.	



☐ CHECK HERE IF MAKING CHANGES 4. FEi Number Applied For 01-0659695 Not Applicable \$8:75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent GRIMARD, JASMIN Street Address (P.O. Box Number is Not Acceptable) 1295 56TH STREET NORTH ST. PETERSBURG FL 33710 City 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition GRIMARD, JASMIN NAME NAME 1295 56TH STREET NORTH STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33710 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME GRIMARD, WRAYE NAME STREET ADDRESS 1295 56TH STREET NORTH STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL-33710 CITY-ST-ZIP-☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS 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.

NAME

CITY-ST-ZIP

STREET ADDRESS

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change

☐ Addition