**FILED** 

Apr 15, 2003 8:00 am Secretary of State

04-15-2003 90124 007 \*\*\*150.00

## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 

P02000055622

1. Entity Name

AINSLIE, INC.

Principal Place 961 SANDLE PORT ORANG		Mailing Addr 961 SANDLE PORT ORANG	WOOD DR		1 (08/100) 11/1 08/10 (14/10 14/10 14/10	1871)) \$80()  8018/ 8018/ 81() B	IJIO RIPROJEOU PROK
2. Principal F	Place of Business	3. Mailing Ad	dress				
Suite, Apt. #, etc.		Suite, Apt.	#, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State	;	<del></del>	4. FEI Number 33.0965	7	Applied For
Zip	Country	Zip	Со	untry	5. Certificate of Status Desired	□ \$8.75 Fee Req	Additional uired
	6. Name and Address of Cur	rent Registered Ager	nt		7. Name and Address of New	Registered Agent	
				Name			
Gasper, ruth e 961 Sandle wood dr				Street Address (P.O. Box Number is Not Acceptable)			
PORT ORANGE FL 32127				City			
						FL   Zip C	
	named entity submits this stateme tions of registered agent.	ent for the purpose of o	changing its regist	ered office or registe	ered agent, or both, in the State of F	lorida. I am familiar wi	ith, and accept
SIGNATURE .	Signature, typed or printed name of registered	agent and title it applicable.	(NOTE: Registr	ered Agent signature require	od when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00  @After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State					Election Campaign F     Trust Fund Contributi	· _, +-	5.00 May Be ded to Fees
10.	OFFICERS /	AND DIRECTORS	11	1.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	ORS IN 11
TITLE	D PRER, TREMUNEA		Delete Ti	TLE	<del></del>	☐ Chang	
NAME	GASPER, RUTH E		N/	AME			ĺ
STREET ADDRESS	961 SANDLE WOOD DR			TREET ADDRESS			ĺ
CITY-ST-ZIP	PORT ORANGE FL 32127		. CI	ITY-ST-ZIP			
TITLE	CASPER, PALPHET.	L: 🗆	001015	TLE		☐ Chang	ge 🔲 Addition
NAME STREET ADDRESS	961 SANDLE WOOD	DK	•	AME Treet address			
CITY-ST-ZIP	PORT ORAMGE,	FL 2207	1	ITY-ST-ZIP			-
TITLE	TOR! DENTION			TLE.		Chang	ie 🔲 Addition
NAME		فالمشهدة المالية		AME		C Onling	ja C Hodidon,
STREET ADDRESS			SI	FREET ADDRESS			
CITY-ST-ZIP			Ct	TY-ST-ZIP			
TITLE			Delete Ti	TLE	·	☐ Chang	ge Addition
NAME			N/	AME			
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP	<del></del>	<del></del> _		TY-ST-ZIP		<del></del> _	
TITLE			50.015	TLE		Chang	je 🗌 Addition
name Street address				AME Reet address			Į
CITY-ST-ZIP				TY-ST-ZIP			
TITLE				TLE		Chang	e 🗆 Addition
NAME		ىي		AME		C. Chang	e 🗆 Manitan /
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP			CIT	TY-ST-ZIP			l
12. I hereby o	ertify that the information supplied	with this filing does be	at qualify for the ex	comption stated in S	action 119 07/3)/i) Florida Statutae	I further partify that th	a information

Thereby 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 ather like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR