

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90133 041 ***150.00

DOCUMENT # P02000072822

1. Entity Name
ASLAND VENTURES, INC.



Principal Place of Business
**3414 15 ST W
LEHIGH ACRES FL 33971**

Mailing Address
**3414 15 ST W
LEHIGH ACRES FL 33971**

2. Principal Place of Business
3414 15th ST. W
Suite, Apt. #, etc.

3. Mailing Address
3414 15th ST. W
Suite, Apt. #, etc.

City & State
Lehigh Acres FL
Zip Country
33971 USA

City & State
Lehigh Acres FL
Zip Country
33971 USA

FIN ☐ CHECK HERE IF MAKING CHANGES
4. FEI Number **FIN 33-1013007** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BOWERS, ROBERT
23 COLORADO RD
LEHIGH ACRES FL 33936**

7. Name and Address of New Registered Agent

Name **Bowers, Robert**
Street Address (P.O. Box Number is Not Acceptable)
23 Colorado Rd.
City **Lehigh Acres** **FL** Zip Code **33936**

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 **Boneda C. Beeler** DATE **4/28/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	BEELER, BONEDA C	
STREET ADDRESS	3414 15 ST W	
CITY-ST-ZIP	LEHIGH ACRES FL 33971	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BEELER, WAYNE	
STREET ADDRESS	3414 15 ST W	
CITY-ST-ZIP	LEHIGH ACRES FL 33971	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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.

SIGNATURE: **SIGNATURE REQUIRED** **4/28/03** **239-693-5057**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)