

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91297 014 ***150.00

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1. Entity Name
ASHCAM, INC.



Principal Place of Business
**16409 TURQUOISE TRAIL
WESTON, FL 33331**

Mailing Address
**16409 TURQUOISE TRAIL
WESTON, FL 33331**

11023905



2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Zip

Country

4. FEI Number
13-4213255

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

6. Name and Address of Current Registered Agent
**LEGAL INFORMATION SERVICES, INC.
1290 WESTON ROAD
SUITE 300
FT. LAUDERDALE, FL 33331**

7. Name and Address of New Registered Agent
Name **Christopher Guck**
Street Address (P.O. Box Number is Not Acceptable)
16409 Turquoise Trail
City **Weston** FL Zip Code **33331**

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 *Christopher Guck* **Christopher Guck** DATE

Signature, typewritten, printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	☐ Delete GUCK, CHRIS 16409 TURQUOISE TRAIL WESTON, FL 33331	TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Christopher Guck* **Christopher Guck** **PRESIDENT** **4/23/03** **954-232-4526**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)