

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000013174

1. Entity Name
CASHMAN ENTERPRISES, INC.



FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90222 023 ***150.00

Principal Place of Business
1662 PARK TERRACE, WEST
ATLANTIC BEACH, FL 32233

Mailing Address
1662 PARK TERRACE, WEST
ATLANTIC BEACH, FL 32233



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3301578

Applied
Not Ap

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDEZ, ELISE M
1662 PARK TERRACE, WEST
ATLANTIC BEACH, FL 32233

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

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** Added to

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	D	☐ Delete
NAME	FERNANDEZ, ELISE M	
STREET ADDRESS	1662 PARK TERRACE, WEST	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	☒ Change
NAME	Cashman, Elise F.	
STREET ADDRESS	1662 Park Terrace west	
CITY-ST-ZIP	Atlantic Beach Florida 32233	
TITLE		☐ Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change
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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elise F. Cashman Elise F. Cashman President 2-11-03 904-241-8174