## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P97000042259 DOCUMENT #

1. Entity Name



## **FILED** Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90220 039 \*\*\*150.00

ASHLAND INSURANCE, INC.										
Principal Plac 608 NW 57TH MIAMI FL 331		Mailing Address 608 NW 57TH AVENUE MIAMI FL 33126			<b>.</b>		ı 1981 (28) ize ibili ibbi beni beli beriy belik bibi bir	1 16 <b>815 168</b> 51 1	<b>11</b> 11 <b>12</b> 11 1 <b>22</b> 1	
2. Principal F	Place of Business	3. Mailing Address					I INDERINDI 140 18117 INDIA QUIN DENIH NUNIH BUMA DIBIH			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				7	☐ CHECK HERE IF MAKING CHANGES			
City & Stat	e	City & State				4.	4. FEI Number 65-0754499 Applied For Not Applicable			
Zip	Country	Zip		Count	try	5.		3.75 Add	litional	
	6. Name and Address of Current	Registered	Agent			7.	Name and Address of New Registered Age			
					Name					
AGUERIA, 608 NW 5			Street Address (P.			s (P.O. E	Box Number is Not Acceptable)			
MIAMI FL	• •						•			
	<i>3</i> .			ľ	City	<del></del>	γ. FL	Zip Code		
8. The above	mamed entity submits this statement for	or the purpos	e of changing its	reaistere	ed office or regist	tered ac	gent, or both, in the State of Florida. I am fam	iliar with,	and accept	
the obligat	ions of registered agent.	,		J	Ů					
SIGNATURE .	Signature, typed or printed name of registered agent		<del></del>							
		and title if applica	ible. (NOTE	: Registered	Agent signature requi	red when r	reinstating) DATE		<del></del>	
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of \$100.00			state				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10.	OFFICERS AND	DIRECTORS	3	11.		ĀĒ	DDITIONS/CHANGES TO OFFICERS AND DI	RECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD AGUERIA, AILIN 608 NW 57TH AVENUE MIAMI FL 33126		Delete					] Change	☐ Addition	
TITLE NAME STREET ADORESS		<u>,                                      </u>	☐ Delete	TITLE NAME STREE	J		С	] Change	Addition	
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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 unipowered 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:

5/03

Daytime Phone #