

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90239 038 ***550.00

DOCUMENT # P97000076944

1. Entity Name
THE CASHION GROUP, INC.

Principal Place of Business
175 W CHAPMAN ROAD
OVIDO FL 32765

Mailing Address
175 W CHAPMAN ROAD
SUITE 109
OVIDO FL 32765

2. Principal Place of Business
14330 Stamford Cr
 Suite, Apt. #, etc.

3. Mailing Address
14330 Stamford Cr
 Suite, Apt. #, etc.

City & State
Orlando Fl
Zip
32826

Country
Orange

City & State
Orlando, Fl.
Zip
32826

Country
Orange

4. FEI Number **59-3465284**

Applied For
☐ **Not Applicable**

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASHION, LARRY W JR.
955 CHARLES AVE. #109
LONGWOOD FL 32750

Name **Larry W Cashion Jr**
Street Address (P.O. Box Number is Not Acceptable)
1454 Cove Hill Ct
City **Longwood** **FL** **Zip Code** **32750**

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.

SIGNATURE *[Signature]*
 Signature and printed name of registered agent and fee, if applicable.

DATE **7/20/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **(See criteria on back)**

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CASHION, LARRY	
STREET ADDRESS	175 WEST CHAPMAN ROAD	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CASHION, BARBARA	
STREET ADDRESS	175 WEST CHAPMAN ROAD	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CASHION, LINDA	
STREET ADDRESS	175 WEST CHAPMAN ROAD	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Larry Cashion	
STREET ADDRESS	1454 Cove Hill Ct	
CITY-ST-ZIP	Longwood, FL 32750	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cashion, Barbara	
STREET ADDRESS	14330 Stamford Cr	
CITY-ST-ZIP	Orlando, FL 32826	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cashion, Linda	
STREET ADDRESS	14330 Stamford Cr	
CITY-ST-ZIP	Orlando, FL 32826	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **7/20/01** **407-265-7959**
 Daytime Phone #

8896000

CR2E034 (5/01)