

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91147 017 \*\*\*150.00

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AV

**DOCUMENT # P97000084933**

1. Entity Name  
**CACHET MODELING & SALES, INC.**



Principal Place of Business  
**437 E ATLANTIC BLVD  
SUITE 1-B  
POMPAHO BEACH FL 33060**

Mailing Address  
**437 E ATLANTIC BLVD  
SUITE 1-B  
POMPAHO BEACH FL 33060**



2. Principal Place of Business  
**2303 W. McNAB  
Suite, Apt. #, etc.  
9A**

3. Mailing Address  
**Cachet M & S Inc.  
1201 South Powerline Rd. PMB # 141  
Pompano Beach FL 33069**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**POMPAHO Bch, FL**

City & State

4. FEI Number **65-0785481**

Applied For  
Not Applicable

Zip **33069** Country **BROWARD**

Zip

Country **BROWARD**

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

## 6. Name and Address of Current Registered Agent

**ASHCRAFT, WILLIAM E  
2736 NE 19TH STREET  
FORT LAUDERDALE FL 33305**

## 7. Name and Address of New Registered Agent

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 accept the obligations of registered agent.

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

**CHANGE OF ADDRESS**

**04-28-03**

(NOTE: Registered Agent signature required when reinstating)

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 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **FOWLER, ALVIN**  
STREET ADDRESS **437 E ATLANTIC BLVD STE 1-B**  
CITY-ST-ZIP **POMPAHO BEACH FL 33060**

TITLE **ALVIN FOWLER** ☐ Delete  
NAME **2303 W. McNAB SUITE 9-A**  
STREET ADDRESS **POMPAHO Bch, FL 33069**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-28-03**

**877-409-9444**

Date

Daytime Phone #

CR2E034 (10/02)