

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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

04-07-2003 90851 001 \*\*\*\*\*8.75  
04-07-2003 90851 002 \*\*\*150.00

DOCUMENT # P980000019323

1. Entity Name

Asha Shanti INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

14035 Fox Glove St

3. Mailing Address

Same

Suite, Apt. #, etc.

Winter Garden

Suite, Apt. #, etc.

City & State

FL

City & State

Zip

34787

Country

USA

Zip

Country

4. FEI Number

59-3497785

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Brenda Y. Person

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

14035 Fox Glove St

City

Winter Garden FL

Zip Code

34787

**DO NOT WRITE  
IN THIS SPACE**

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

Brenda Y. Person BY P

4/4/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President/Sec/Trea  
Brenda Y. Person  
14035 Fox Glove St  
Winter Garden, FL 34787

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Gregory Person  
14035 Fox Glove St  
Winter Garden, FL 34787

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Jibri K. Person  
14035 Fox Glove St  
Winter Garden, FL 34787

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Brenda Y. Person

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/03

Date

407-654-2399

Daytime Phone #

CR2E034B (12/02)