

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

0382701 AV

04-15-2003 90125 043 \*\*\*150.00

**DOCUMENT # V61733**

1. Entity Name  
**AU CASHMERE, INC.**



Principal Place of Business  
**11612 US HWY 1  
STE 62  
NORTH PALM BEACH FL 33408  
US**

Mailing Address  
**11612 US HWY 1  
STE 62  
NORTH PALM BEACH FL 33408  
US**



2. Principal Place of Business  
**1300 third street S**

3. Mailing Address  
**1300 third street S**

Suite, Apt. #, etc.  
**Suite 103 D**

Suite, Apt. #, etc.  
**Suite 103 D**

City & State  
**Naples, Florida**

City & State  
**Naples FL**

4. FEI Number  
**65-0354432**

Applied For  
 Not Applicable

Zip Country  
**34102 U.S.A**

Zip Country  
**34102 U.S.A**

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

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**POITOUT, GUY  
5080 N OCEAN DR  
APT 1A  
SINGER ISLAND FL 33404**

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] DATE 4/10/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS POITOUT, GENEVIEVE 101 OLYMPUS WAY JUPITER FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVT POITOUT, GUY 101 OLYMPUS WAY JUPITER FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS Poitout Genevieve 5080 N. Ocean Dr Apt 1A Singer Island FL 33404</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVT Poitout Guy 5080 N. Ocean Dr Apt 1A Singer Island FL 33404</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED Poitout DATE 04/10/03 DAYTIME PHONE # 239-261-8227  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)