

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90362 022 ***150.00

DOCUMENT #
1. Entity Name
*Ashley Consulting, Inc
(FH2014)*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3621 Belfast Dr
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tallahassee FL

City & State
FLORIDA

Zip
32309 Country
USA

Zip
32309 Country
USA

4. FEI Number Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
JAMES DONALD ASHLEY

Street Address (P.O. Box Number is Not Acceptable)
3621 Belfast Dr

City
Tallahassee FL Zip Code
32309

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>J Don Ashley</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>PRESIDENT SAME</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Pamela Ashley</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>SECRETARY SAME</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *J. Don Ashley* Date *4/25/02* Daytime Phone # *8936809*

CR2E034B (12/01)