

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90012 023 ***150.00

DOCUMENT # J88394

1. Entity Name

ASHLEY'S TIRE SERVICE, INC.

Principal Place of Business

Mailing Address

% CECIL ASHLEY
 1033 NW 56TH ST
 MIAMI FL 33127

% CECIL ASHLEY
 1033 NW 56TH ST
 MIAMI FL 33127-1443

2. Principal Place of Business

3395 NW 151st Terrace

3. Mailing Address

3395 NW 151st Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Opa Locka, Florida

City & State

Opa Locka, Florida

4. FEI Number

59-2838471

Applied For

Not Applicable

Zip
33054

Country
USA

Zip
33054

Country
USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ASHLEY, CECIL
 1033 NW 56TH ST
 MIAMI FL 33127**

Name

Anthony C. Ashley

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

3395 NW 151st Terrace

City
Opa Locka

FL

Zip Code
33054

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

Cecil Ashley

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

(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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | VP | <input type="checkbox"/> Delete |
|----------------|----------------------------|---------------------------------|
| NAME | ASHLEY, ANTHONY C | |
| STREET ADDRESS | 4047 NW 57TH STREET | |
| CITY-ST-ZIP | OPA LOCKA FL 33054 | |
| 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 | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| TITLE | VP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|------------------------------|--|-----------------------------------|
| NAME | Ashley, Anthony C. | | |
| STREET ADDRESS | 3395 NW 151st Terrace | | |
| CITY-ST-ZIP | Opa Locka, FL 33054 | | |
| 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:

Anthony C. Ashley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 01-14-2000