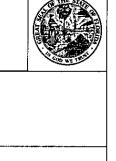
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT#**

P00000092181

1. Entity Name

ASHBY PROPERTY MANAGEMENT AND REPAIR, INC.



## **FILED** Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90016 014 \*\*\*150.00

Principal Place of Business 419 N. STATE ROAD 7 SUITE 2 HOLLYWOOD FL 33021		SUITE 2	419 N. STATE ROAD 7							
2. Principal P	Place of Business	3. Mailing Address	3. Mailing Address						8701 1281 1 <b>88</b> 1	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & Stat	te	City & State	City & State			4. FEI Number 65-1043165			plied For	
Zip	Country Zip		Country		5.				88.75 Additional ee Required	
	6. Name and Address of C	urrent Registered Agent	legistered Agent		7. Name and Address of New Registered Agent					
GIORTIER, 419 <sup>1</sup> N STA	, HARRIS ATE ROAD 7		Name Street Address		ess (P.O. I	s (P.O. Box Number is Not Acceptable)				
#2 HOLLYWO	OOD FL 33021		City				FL	Zip Code	€	
	named entity submits this stater ions of registered agent.	ment for the purpose of changing	its registere	ed office or reg	istered aç	gent, or both, in the State of Florida	. I am famil	iar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registere	ed agent and title if applicable. (f	NOTE: Registere	d Agent signature red	quired when i	reinstating)	DATE		<del></del>	
After Make Check	ILE NOW!!! FEE IS \$150.0 r May 1, 2003 Fee will be \$55 k Payable to Florida Departm	50.00 nent of State				9. Election Campaign Financi Trust Fund Contribution.		Added	O May Be to Fees	
10.	PVST	S AND DIRECTORS	11.	. 1	Al	DDITIONS/CHANGES TO OFFICER				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GORTLER, HARRIS 419 N. STATE ROAD 7 HOLLYWOOD FL 33021	☐ Delete		1			Ц	Change	☐ Addition	
TITLE NAME Street address City-St-Zip		☐ Delete						Change	☐ Addition	
IITLE Name Street address City-St-Zip	÷	☐ Delete		1	-			Change	☐ Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete			-			Change	Addition	
itle IAME Street Address City-St-Zip		Delete						Change	☐ Addition	
ITLE IAME Street Address City-St-Zip		☐ Delete						Change	Addition	
<ol> <li>I hereby of indicated of the corp changed.</li> </ol>	certify that the information supplie on this report or supplemental co poration or the receiver or trust of or on an attachment with	ed with this filing does not qualify port is true and eccurate and the employment to execute this report tress, with all other like empowers	for the exer at my signat ort as requir ed.	mption stated in ure shall have t ed by Chapter	n Section the same 607, Flori	119.07(3)(i), Florida Statutes. I furti legal effect as if made under oath; ida Statutes; and that my name app	ner certify the that I am ar bears in Blo	nat the in n officer o ck 10 or	formation or director Block 11 if	

SIGNATURE: