

2003 For PROFIC CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90161 014 ***150.00

DOCUMENT # P01000093828
 1. Entity Name
ASHLEY'S CATERING, INC.

Principal Place of Business Mailing Address
2817 SALISBURY BLVD **2817 SALISBURY BLVD**
WINTER PARK FL 32789 **WINTER PARK FL 32789**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number: **59-3748874** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent
GREEN, CHARLENE A
2817 SALISBURY BLVD
WINTER PARK FL 32789

7. Name and Address of New Registered Agent
 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.

SIGNATURE

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, 2003 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RONALD C. GREEN 2817 SALISBURY BLVD. WINTER PARK, FLA. 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT CHARLENE A. GREEN 2817 SALISBURY BLVD WINTER PARK, FLA 32789	<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		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CFR2034 (9/01)

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: Ronald C. Green Date: 4/28/03 Daytime Phone #: 407-599-7218
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment#

80099437

2003 FOR PROLET CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000093928

1. **COMPANY NAME**
ASHLEY'S CATERING, INC.

Principal Place of Business: 2817 SALISBURY BLVD WINTER PARK, FL 32789
Mailing Address: 2817 SALISBURY BLVD WINTER PARK, FL 32789

2. Principal Place of Business: State, Apt. #, etc. City & State Zip Country
3. Mailing Address: State, Apt. #, etc. City & State Zip Country

CHECK HERE IF MAKING CHANGES

4. **FBI NUMBER**: 38-3748874 Applied For (NR Applicable)
5. **Certificate of Status Desired** \$5.75 Additional Fee Required

6. **Name and Address of Current Registered Agent**: GREEN, CHARLENE A 2817 SALISBURY BLVD WINTER PARK, FL 32789
7. **Name and Address of New Registered Agent**: 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 both for UBR, and accept the obligations of registered agent.

SIGNATURE: [Redacted Signature] **DATE**: [Redacted Date]

9. **Section Campaign Financing Trust Fund Contribution** \$5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE	<input type="checkbox"/> Leave	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, RONALD C	NAME	
STREET ADDRESS	2017 S ALBURY BLVD	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, CHARLENE A	NAME	
STREET ADDRESS	2817 SALISBURY BLVD	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(d), Florida Statutes. I further certify that the information published on this report or supplemental report is true and accurate in all material respects and that I have the same legal effect as if made under oath; that I am an officer or director of the corporation or the partner or trustee authorized 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: Ronald C Green, President 4/28/03

SIGNATURE AND TITLE OR PRINT NAME OF OFFICER, PARTNER OR DIRECTOR