

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90227 043 ***150.00

DOCUMENT # S26103

1. Entity Name
ASHLEY'S SERVICE STATIONS, INC.

Principal Place of Business 4704 GOLDEN GATE PKWY NAPLES FL 34116 US	Mailing Address 4704 GOLDEN GATE PKWY NAPLES FL 34118-6902 US
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102479



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1101 ROSEMARY CT Suite, Apt. #, etc. #A104 City & State NAPLES FL Zip 34103 Country	3. Mailing Address 1101 ROSEMARY CT Suite, Apt. #, etc. #A104 City & State NAPLES FL Zip 34103 Country
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4. FEI Number 65-0248756	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ASHLEY, WAYNE CURT
4704 GOLDEN GATE PARKWAY
NAPLES FL 34116

7. Name and Address of New Registered Agent
 Name: Ronald L Stetter
 Street Address (P.O. Box Number is Not Acceptable): 1101 ROSEMARY CT #A104 8889 Pelican Bay Blvd
 City: NAPLES State: FL Zip Code: 34108

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: Ronald L Stetter Signature, typed or printed name of registered agent and title if applicable
Ronald L Stetter (NOTE: Registered Agent signature required when reinstating)
 DATE: 4/28/00

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ASHLEY, WAYNE C. 4704 GOLDEN GATE PKWY NAPLES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ASHLEY, PATTY L. 4704 GOLDEN GATE PKWY NAPLES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ASHLEY, HARRY M. 4707 GOLDEN GATE PKWY NAPLES FL <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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1101 ROSEMARY CT #A104 NAPLES FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1101 ROSEMARY CT #A104 NAPLES FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1101 ROSEMARY CT #A104 NAPLES FL 34103
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Wayne C Ashley Wayne C Ashley President 4/28/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF 21E034 (9/99)