

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L43910

1. Entity Name

ASHLEY ELECTRIC CO., INC.

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

03-14-2000 90030 031 ***150.00

Principal Place of Business

Mailing Address

% ROGER L. ASHLEY

615 MORGAN RD

WINTER HAVEN FL 33880

% ROGER L. ASHLEY

615 MORGAN RD

WINTER HAVEN FL 33880-6129

2. Principal Place of Business

3. Mailing Address

513 Charlotte Rd.

513 Charlotte Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Auburndale, FL

City & State

Auburndale, FL

Zip
33823

Country
USA

Zip
33823

Country
USA

4. FEI Number

59-3011010

Applied For

Not Applicable

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, ROGER L.

615 MORGAN RD

WINTER HAVEN FL 33880

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, 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 ☐ Delete

NAME ASHLEY, ROGER L.

STREET ADDRESS 615 MORGAN RD

CITY-ST-ZIP WINTER HAVEN FL

TITLE ☐ Delete

NAME ASHLEY, SIMON L.

STREET ADDRESS 615 MORGAN ROAD

CITY-ST-ZIP WINTER HAVEN FL

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Roger L. Ashley

2/7/00

(863) 551-9483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)