

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90031 021 ***150.00

0380193

DOCUMENT # P98000088659
 1. Entity Name
ASHLEY TRUCKING, INC.

Principal Place of Business 720 RIVIERA DRIVE LAKE PLACID FL 33852	Mailing Address 720 RIVIERA DRIVE LAKE PLACID FL 33852
2. Principal Place of Business 720 Riviera Dr 246 Adams AVE.	3. Mailing Address P.O. Box 2046
Suite, Apt. #, etc.	Suite, Apt. #, etc.

C0038980



DO NOT WRITE IN THIS SPACE

City & State Lake Placid, FL	City & State Lake Placid, FL	4. FEI Number 59-3540714	Applied For <input type="checkbox"/> Not Applicable
Zip 33852	Country USA	Zip 33862	Country USA

5. Certificate of Status Desired. **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SUGGS, LUKE
 720 RIVIERA DRIVE
 LAKE PLACID FL 33852

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	SUGGS, LUKE	
STREET ADDRESS	720 RIVIERA DR	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	SUGGS, CHERYL	
STREET ADDRESS	720 RIVIERA DR	
CITY-ST-ZIP	LAKE PLACID FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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: Suggs **2/28/01** **863-465-7672**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)