

# 2001 UNIFORM BUSINESS REPORT (UBR)

UJ 1623

DOCUMENT # 517147

1. Entity Name

ASH PROPERTIES, INC.

Principal Place of Business

13947 BEACH BLVD  
SUITE 210  
JACKSONVILLE FL 32224  
US

Mailing Address

13947 BEACH BLVD  
SUITE 210  
JACKSONVILLE FL 32224  
US

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 59-1741826

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

MIKE, ASH  
13947 BEACH BLVD  
SUITE 210  
JACKSONVILLE FL 32224

Name

Street Address (P.O. Box Number is Not Acceptable)

4000004326514--5

-05/29/01--01154--019

\*\*\*\*150.00 \*\*\*\*150.00

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 \$5.00 May Be  
Trust Fund Contribution ☐ Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME ASH, MIKE  
STREET ADDRESS 13947 BEACH BLVD  
CITY-ST-ZIP JACKSONVILLE FL 32224 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME ASHOURIAN, ELAINE  
STREET ADDRESS 13947 BEACH BLVD  
CITY-ST-ZIP JACKSONVILLE FL 32224 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing is true and accurate, or 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-04-01 (904) 992-9000

Date

Daytime Phone #

CR2E034 (10/00)