

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002289**

1. Entity Name

ASHLEY ESPRESSO, LTD.

Principal Place of Business

**3201 SOUTH DALE MABRY
TAMPA FL 33629**

Mailing Address

**3201 SOUTH DALE MABRY
TAMPA FL 33629**

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

59-3535007

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BELL, ROBERT W SR.
5146 SAN JOSE
TAMPA FL 33629**

7. Name and Address of New Registered Agent

Name **DONNA M. BEVIS**

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

3201 S. DALE MABRY HWY. SUITE 104

City **TAMPA**

FL

Zip Code **33629**

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. Capital Contributions
as Shown on record.

\$40,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME **BELL, ROBERT W SR.**
STREET ADDRESS **5146 SAN JOSE**
CITY-ST-ZIP **TAMPA FL 33629**

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STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

700003417877--5

CITY-ST-ZIP

-11/01/00--01105--006

*******88.75 *****88.75**

STREET ADDRESS

PP \$368.75

CITY-ST-ZIP

STREET ADDRESS

700003417877--5

CITY-ST-ZIP

10/06/00 01142 001

*******280.00 *****280.00**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 820, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

26 Sep 2000 813 839-1262

Date

Daytime Phone #

0002133

CR2E003 (5/00)