

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F08248

1. Entity Name

AYO ASSOCIATES, INC.

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90222 028 ***150.00

Principal Place of Business

1302 W SLIGH AVE
TAMPA FL 33604
US
Tampa, FL 33618

Mailing Address

1302 W SLIGH AVENUE SUITE 100
TAMPA FL 33604
PO BOX 273568
TAMPA FL 33688-3568

2. Principal Place of Business

3328 Westmoreland DR
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 273568
Suite, Apt. #, etc.

City & State
TAMPA FLA

Zip
33618

Country
Netherlands

City & State
TAMPA, FLA

Zip
33688-3568

Country
Netherlands

4. FEI Number 59-2042180

Applied For
Not Applicable

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

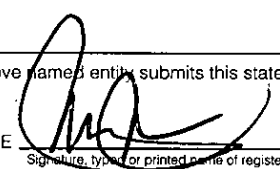
6. Name and Address of Current Registered Agent

AYO, JOSEPH J
1302 W SLIGH AVE S100
TAMPA FL 33604

7. Name and Address of New Registered Agent

Name
AYO Joseph J
Street Address (P.O. Box Number is Not Acceptable)
3328 Westmoreland DR
City
TAMPA FL Zip Code
33618

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 

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/01

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

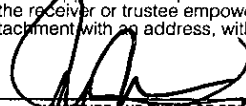
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD AYO, JOSEPH J 3328 WESTMORELAND DR TAMPA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/01 813-962-4101

CR2E034 (10/00)