

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003328

1. Entity Name

ASHTIN KELLY & CO.

FILED

Jun 03, 2000 8:00 am  
Secretary of State

06-03-2000 90001 008 \*\*\*150.00

Principal Place of Business 400 5TH AVENUE SOUTH SUITE 101 NAPLES FL 34102	Mailing Address 400 5TH AVENUE SOUTH SUITE 101 NAPLES FL 33950-8929
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2. Principal Place of Business 100 Madrid Blvd Suite, Apt. #, etc. #113	3. Mailing Address 100 Madrid Blvd Suite, Apt. #, etc. #113
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City & State Punta Gorda, FL	City & State Punta Gorda, FL
Zip 33950	Zip 33950
Country USA	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 95-4054218	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WRIDE, W J 400 FIFTH AVE SOUTH NAPLES FL 34102	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100 Madrid Blvd #113 City Punta Gorda FL Zip Code 33950	

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

4/28/00

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP WRIDE, W J 400 5TH AVE S NAPLES FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 Madrid Blvd #113 Punta Gorda, FL 33950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

4/28/00