2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G93565

1. Entity Name

FOLIR-A-ENTERPRISES INC

Principal Place of	Business	Mailing Address						
% Cynthia ashto 12399 se 74th tef Belleview FL 3442 JS	R.	12399 SE 74TH TE	% CYNTHIA ASHTON 12399 SE 74TH TERR. BELLEVIEW FL 34420-4627 US					
2. Principal Place	of Business	3. Mailing Address						
Suite, Apt. #, e	tc.	Suite, Apt. #, et	Suite, Apt. #, etc.					
City & State		City & State						
Zip	Country	Zip	Country					
). Name and Address of	Current Registered Agent						
· ·		•	Name					

FILED Mar 07, 2000 8:00 am Secretary of State 03-07-2000 90048 040 ***150.00



DO NOT WRITE IN THIS SPACE

		J]						
City & State		City & State		4. F	El Number 59-2386764				Applied For		
Zip	Country	Zip	Countr	у .	5. C	Certificate of Status Desired			.75 A	Not Applicable dditional	
<u> </u>				7. Name and Address of New Registered Agent						lequired	
	6. Name and Address of Current F	Registered Agent		Name	7. N	ame and Address of New He	gistere	age.	nt .		
				1481110							
ASHTON, CYNTHIA 12399 SE 74TH TERR.				Street Address (P.O. Box Number is Not Acceptable)							
	9 SE /4111 TERR. .EVIEW FL 34420		<u> </u> -		_		"				
DELL	EVIEW PL 34420		(
				City			F	L	Zip Co	ode	
R The above	named entity submits this statement for	the purpose of changing	its registered	d office or register	ed age	ent, or both, in the State of Flor	ida.				
o. The above	Harried entity submits this statement for	are purpose or criainging	no regionaren	a como con regiona.		,					
SIGNATURE .											
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (N	IOTE: Registered	Agent signature required	when re	instating)	DATE	-			
9 This corne	pration is eligible to satisfy its intangible	FILE NO	W!!! FEE !	S \$150.00		10 51 11 0 1 5			-		
Tax filing requirement and elects to do so. After MAY 1, 200				i iv. Ejection Campaign Financii				g 		\$5.00 May Be Added to Fees	
(See criter	ia on back)	Make Check Pay	yable to De	partment of Sta	ite	made) and commodition	•	_	, 100	.50 (0) 505	
11.	OFFICERS AND I	DIRECTORS	12.	*	ADI	DITIONS/CHANGES TO OFFI	CERS AI	VD DI	RECTO	RS IN 11	
TITLE	P	Delete	TITLE] Change	Addition	
NAME	ASHTON, SR., CHARLES M.		NAME	j							
STREET ADDRESS	12399 SE 74TH TERR.			T ADDRESS							
CITY-ST-ZIP	BELLEVIEW FL		CITY-	ST-ZIP					1 01		
TITLE	ST ACUTON CVAITUR	☐ Delete	TITLE					L] Change	e 🔲 Addition	
NAME STREET ADDRESS	ASHTON, CYNTHIA 12399 SE 74TH TERR		NAME STREET	T ADDRESS							
CITY-ST-ZIP	BELLEVIEW FL		CITY-								
TITLE	VP	□ Delete	TITLE] Change	Addition	
NAME	ASHTON JR, CHARLES M	- Delete	NAME						-		
STREET ADDRESS	12399 SE 74TH TERRACE		STREE	T ADDRESS							
CITY-ST-ZIP	BELLEVIEW FL		CITY-:	ST-ZIP							
TITLE		☐ Delete	TITLE						Change	e 🔲 Addition	
NAME .,	+		NAME								
STREET ADDRESS	T			T ADDRESS							
CITY-ST-ZIP,			CITY-	SI-ZIP					1.05		
TITLE		☐ Delete	TITLE					L] Change	e	
NAME etheet annheee			NAME STREE	T ADDRESS							
STREET ADDRÉSS CITY-ST-ZIP				ST-ZIP						1	
TITLE		Delete	TITLE			<u> </u>] Change	e 🔲 Addition	
NAME		□ Delete	NAME					_	,		
STREET ADDRESS				T ADDRESS							
CITY-ST-ZIP			CITY-	ST-ZIP							
13. I hereby o	pertify that the information supplied with	this filing does not qualify	for the exen	nption stated in Se	ection 1	119.07(3)(i), Florida Statutes. I	further of	certify	that the	e 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.