

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011661

1. Entity Name
ASHLIN ENTERPRISES, LLC.

Principal Place of Business
305 PALM KEY CIRCLE #108
BRANDON FL 33511

Mailing Address
305 PALM KEY CIRCLE #108
BRANDON FL 33511

FILED

01 JUN 25 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

808 Tealwood Drive

3. Mailing Address

808 Tealwood Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#204

#204

City & State

City & State

Brandon, FL

Brandon, FL

Zip

Zip

Country

Country

33510

33510

USA

USA

4. FEI Number

59-3674189

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REGISTERED AGENTS LEGAL SERVICES, INC.
941 4TH ST., 2ND FL
MIAMI BEACH FL 33139

Name

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

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

000004463230--5
-07/03/01--01007--003
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE President
NAME Philip B. Harbaugh
STREET ADDRESS 808 Tealwood Dr #204
CITY-ST-ZIP Brandon, FL 33510

☐ Delete

TITLE President
NAME Philip B. Harbaugh
STREET ADDRESS 808 Tealwood Dr #204
CITY-ST-ZIP Brandon, FL 33510

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

(813)

04/23/2001 653-4267

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CR2E083 (11/00)