

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90005 032 ****50.00

DOCUMENT # L00000012576

1. Entity Name

ASHLEY TAYLOR HOME COLLECTION, L.L.C.

Principal Place of Business

**3297 TAMPA RD
 PALM HARBOR FL 34684**

Mailing Address

**3297 TAMPA RD
 PALM HARBOR FL 34684**

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

59-3678043

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

**FOX, GREGORY A ESQ.
 28050 U.S. 19 NORTH, STE. 100
 CLEARWATER FL 33761**

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 KATZ, SHELLY
 530 ISLEWORTH CLOSE
 TARPON SPRINGS FL 34689** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 Smith, Karin
 1711 La Forest Avenue
 Safety Harbor, FL 34695** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 MAUCH, SUSAN
 2871 KENSINGTON TRACE
 TARPON SPRINGS FL 34689** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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TITLE
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 STREET ADDRESS
 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 *Susan Mauch* **2/7/02** **727-787-9882**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)