

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN -6 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001966

1. Entity Name

ASHLEY DRIVE DEVELOPMENT LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

401-2nd ave S #110

3. Mailing Address

401-2nd ave S

Suite, Apt. #, etc.

#110

Suite, Apt. #, etc.

#110

City & State

Seattle WA

City & State

Seattle WA

Zip

98104

Country

USA

98104

Country

USA

4. FEI Number

91-1993848

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

CT Corporation
1200 S Pine Island Rd
Plantation, FL 33324

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE John A. Goodman mgr/mbr ☒ Delete

STREET ADDRESS 401-2nd ave S #110

ST-ZIP Seattle WA 98104

member ☐ Delete

STREET ADDRESS Asia Pacific Int'l Tr.

ST-ZIP 401-2nd ave S #110

Seattle WA 98104

☐ Delete

STREET ADDRESS

ST-ZIP

☐ Delete

STREET ADDRESS

ST-ZIP

☐ Delete

STREET ADDRESS

ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS 300003297363--5

CITY-ST-ZIP -06/20/00--01061--019

*****50.00 ☒ ~~50.00~~ ☐ Addition

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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 OR MANAGER

Date

Daytime Phone #

5/1/00 206-215-9816

CR2E083 (11/99)