

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91162 007 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000006429			
1. Entity Name ASHLEY'S BUDDIES, INC.			
Principal Place of Business 1012 SW 80TH DRIVE GAINESVILLE, FL 32607		Mailing Address 1012 SW 80TH DRIVE GAINESVILLE, FL 32607	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent DUKES, LAUREN 1012 SW 80TH DRIVE GAINESVILLE, FL 32607		4. FEI Number 55-0742926 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
5. Name and Address of New Registered Agent		6. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <i>Lauren Dukes</i>		DATE: 4/30/03	
SIGNATURE, in ink or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when dissolving.)	
FILE NOW: FEE IS \$81.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP DUKES, LAUREN 1012 SW 80TH DRIVE GAINESVILLE, FL 32607	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DV DUKES, MARK 1012 SW 80TH DRIVE GAINESVILLE, FL 32607	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DT DUKES, DEBI P.O. BOX 1 WORTHINGTON SPRINGS, FL 32697	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D WILCOX, TONI 714 GILBERT ROAD WINTER PARK, FL 32792	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D GREEN, MICHELLE 11303 SW 24TH AVENUE GAINESVILLE, FL 32607	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DS MERCER, KRISTIN 2830 NW 27TH TERRACE GAINESVILLE, FL 32605	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my address, with all other like empowered.			
SIGNATURE: <i>Lauren Dukes</i>		DATE: 4/30/03	
SIGNATURE, in ink or printed name of signing officer or director		DATE	

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☐ CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)

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