

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90450 001 ****61.25
 03-14-2001 90450 002 *****8.75

0001756

DOCUMENT # N29067

1. Entity Name

ALICE ASH ASSOCIATES, INC.

Principal Place of Business

**3791 SWEEPSTAKES CT., #2001
 PALM HARBOR FL 34684**

Mailing Address

**3791 SWEEPSTAKES CT., #2001
 PALM HARBOR FL 34684**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-2873451

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 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

**MATHEWS, MILDRED L
 3791 SWEEPSTAKES CT., #2001
 PALM HARBOR FL 34684**

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 \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MATHEWS, MILDRED L	
STREET ADDRESS	3791 SWEEPSTAKES CT., #2001	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATTHEWS, NAOMI L	
STREET ADDRESS	10263 GANDY BLVD., #2309	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOSTER, MAURICE	
STREET ADDRESS	18203 OAK DRIVE	
CITY-ST-ZIP	DETROIT MD 48221	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRISON, NADA	
STREET ADDRESS	1603 E. PARIS	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	D	<input type="checkbox"/> Delete
NAME	KYLES, JESSICA	
STREET ADDRESS	281 N LABURNAM APT 3	
CITY-ST-ZIP	RICHMOND VA 23223	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON WHITE, MARY	
STREET ADDRESS	10565 F.A. ASHWAY	
CITY-ST-ZIP	TALLAHASSEE FL 32311	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 an address, with all other like empowered.

SIGNATURE: *MILDRED L MATHEWS* **03-12-01** **813-909-1775**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)