

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005237

1. Entity Name

ASHTON BIODIVERSITY RESEARCH & PRESERVATION INSTITUTE, INC.

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90065 048 *****70.00

Principal Place of Business

Mailing Address

22215 SOUTHWEST 119TH AVENUE
ARCHER FL 32618
US

14260- 331 WEST NEW NEWBERRY ROAD
NEWBERRY FL 32669
US

2. Principal Place of Business

14260 WEST Newberry Rd

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#331

City & State

Newberry FL 32669

City & State

Zip

Country

32669

USA

4. FEI Number

59-3613952

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASHTON, RAY E JR
14260- 331 WEST NEWBERRY ROAD
NEWBERRY FL 32669

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 ☐ Delete
NAME MUSHINSKY, HENRY
STREET ADDRESS 14260- 331 WEST NEWBERRY ROAD
CITY-ST-ZIP NEWBERRY FL 32669

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

TITLE D ☐ Delete
NAME ASHTON, PATRICIA S
STREET ADDRESS 14260- 331 WEST NEWBERRY ROAD
CITY-ST-ZIP NEWBERRY FL 32669

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

TITLE D ☐ Delete
NAME ASHTON, RAY E JR
STREET ADDRESS 14260- 331 WEST NEWBERRY ROAD
CITY-ST-ZIP NEWBERRY FL 32669

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 January 2002 352-4957449
Date Daytime Phone #

CR2E037 (9/01)