

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90122 022 ***150.00

A0045729

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000024344

1. Entity Name: **ASHLEY CONSULTING GROUP, INC.**

Principal Place of Business: **520 Brickell Key Drive Suite 0-305 Miami, FL 33131**

Mailing Address: **520 Brickell Key Drive Suite 0-305 Miami, FL 33131**

2. Principal Place of Business: **13333 SW 59th COURT**

3. Mailing Address: **13333 SW 59th COURT**

Suite, Apt. #, etc.:

City & State: **PINECREST, FL**

City & State: **PINECREST, FL**

Zip: **33156** Country: **MIAMI-DADE**

Zip: **33156** Country: **Miami-Dade**

4. FEI Number: **65-0991223**

Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FREEMAN, Stephen A
520 Brickell Key Drive, 0-305
Miami, FL 33131

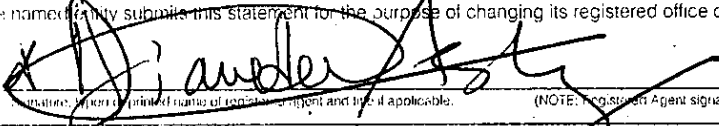
7. Name and Address of New Registered Agent

Name: **DIANE DE V. ASHLEY**

Street Address (P.O. Box Number is Not Acceptable): **13333 SW 59th COURT**

City: **PINECREST** FL Zip Code: **33156**

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:  DATE: **4/3/01**

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)


FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE: D <input checked="" type="checkbox"/> Delete	NAME: ASHLEY, DIANE
STREET ADDRESS: 520 Brickell Key Dr., 0-305	CITY-ST-ZIP: Miami, FL 33131
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PRES. OGENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: ASHLEY, DIANE
STREET ADDRESS: 13333 SW 59th COURT	CITY-ST-ZIP: PINECREST, FL 33156
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:
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:

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **4/3/01** DAYTIME PHONE #: **305 661-7311**

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Diane de V. Ashley**

CR2E034 (11/00)