2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000042636 **DOCUMENT #**

1. Entity Name

ASHBAUGH ENTERPRISES INC.



FILED Apr 28, 2003 8:00 am Secretary of State 04-28-2003 91490 002 ***158.75

Suite, Apt. #, etc.	Mailing Address Suite, Apt. #, etc.							
	Suite, Apt. #, etc.	3. Mailing Address			8 (081)808 (II) 88I(I 90KI) 882II 882II 881K 90KI	6 6 1		AAFO OIII KOOI
	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State	City & State			4. FEI Number 59-3644148			Applied For Not Applicable	
Zip Country	Zip Countr		ry	5. Certificate of Status Desired			\$8.75 Additional Fee Required	
6. Name and Address of Current Regis	stered Agent			7. Na	me and Address of New Regist			
	•		Name		•			l)
ASHBAUGH, TERRY			Street Address (P.O. Box Number is Not Acceptable)					
38401 GRAY'S AIRPORT RD.		-						
LADY LAKES FL 32159			City Zip Code					
						FL	<u> </u>	
The above named entity submits this statement for the p the obligations of registered agent.	purpose of changing its r	registere	a office or register	red ageni	t, or both, in the State of Florida.	am tar	nillar with,	and accept
SIGNATURE								{
Signature, typed or printed name of registered agent and title	if applicable. (NOTE:	: Registered	Agent signature required	d when rêinsl	tating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of Stat	te		į,		9. Election Campaign Financir Trust Fund Contribution.	g 🗆		May Be to Fees
10. Y OFFICERS AND DIREC	CTORS	11.		ADDI	TIONS/CHANGES TO OFFICER	S AND E	IRECTOR	3 IN 11
NAME ASHBAUGH, TERRY L STREET ADDRESS 38401 GRAY'S AIRPORT RD	☐ Delete	TITLE NAME STREE	T ADDRESS			(Change	Addition
CITY-ST-ZIP LADY LAKE FL 32159		CITY-	ST-ZIP					
TITLE PO	Delete	TITLE NAME				Į	Change	Addition \
STREET ADDRESS 38401 GRAY'S AIRPORT RD		STREE	T ADDRESS ST-ZIP				-	``
TITLE VPD	Delete	TITLE				Γ	Change	Addition
MULARSKY, DEBRA A STREET ADDRESS CITY-ST-ZIP STREET ADDRESS AB401 GRAYS AIRPORT RD LADY LAKE FL 32159		STREE	T ADDRESS ST-ZIP					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Delete		T ADDRESS			[Change	☐ Addition

indicated on this report of 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 feetiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attacking entire with an address, with all other like empowered.

SIGNATURE: S