

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90559 038 \*\*\*150.00

**DOCUMENT # P00000043273**

1. Entity Name

ASH W, INC.

Principal Place of Business

3914 RAINTREE ROAD  
JACKSONVILLE FL 32277

Mailing Address

P.O. BOX 8891  
JACKSONVILLE FL 32239

2. Principal Place of Business

9951 ATLANTIC BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

4. FEI Number

59-3640378

Applied For

Not Applicable

Zip

Country

32225

USA

Zip

Country

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

SMITH, FAITH B

8787 SOUTHSIDE BOULEVARD

APT 808

JACKSONVILLE FL 32256

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME SMITH, FAITH B  
STREET ADDRESS 8787 SOUTHSIDE BOULEVARD, #808  
CITY-ST-ZIP JACKSONVILLE FL 32256

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VD  
NAME ANDERSON, PRISCILLA A  
STREET ADDRESS 3914 RAINTREE ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32277

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE SD  
NAME HARRIS, LISA ANDERSON  
STREET ADDRESS 3914 RAINTREE ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32277

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE TD  
NAME WADE, CATHY M  
STREET ADDRESS 8787 SOUTHSIDE BOULEVARD, #808  
CITY-ST-ZIP JACKSONVILLE FL 32256

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME HARRIS, ROOSEVELT JR.  
STREET ADDRESS 3914 RAINTREE ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32277

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)