

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90002 014 \*\*\*150.00

0139886 SP

**DOCUMENT # P00000052148**

1. Entity Name

**ASHTON'S FIRST COAST, INC.**

Principal Place of Business

**38 JARDIN AVENUE**

**ST. AUGUSTINE FL 32095**

Mailing Address

~~38 JARDIN AVENUE~~

**PO Box 791**  
**ST. AUGUSTINE FL 32095**

2. Principal Place of Business

**233 C SR 16**

Suite, Apt. #, etc.

3. Mailing Address

**PO Box 791**

Suite, Apt. #, etc.

City & State

**ST. AUGUSTINE, FL**

City & State

**ST. AUGUSTINE, FL**

4. FEI Number

**59-3648493**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32084**

**ST. JOHNS**

**32085**

**ST. JOHNS**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**

**343 ALMERIA AVENUE**

**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

**MARIAN C ASHTON**

Street Address (P.O. Box Number is Not Acceptable)

**233 C STATE RD 16**

City

**ST. AUGUSTINE**

FL

Zip Code

**32084**

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

**MARIAN C ASHTON**

*Marian C Ashton*

**7-5-01**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 **PSTD** ☐ Delete  
NAME **ASHTON, MARIAN C**  
STREET ADDRESS **38 JARDIN AVENUE**  
CITY-ST-ZIP **ST. AUGUSTINE FL 32095**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **MARIAN C ASHTON**  
STREET ADDRESS **233 C STATE RD 16**  
CITY-ST-ZIP **ST. AUGUSTINE, FL 32084**

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

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

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TITLE ☐ Change ☐ 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: **MARIAN C ASHTON** *Marian C Ashton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**7-5-01**

Date of filing

CR2E034 (5/01)

Attachment  
# P00000052148  
B0059723

July 5, 2001

To whom it may concern:

On July 3, 2001, I received The State of Florida's 2001 Uniform Business Report. This was sent to 38 Jardine Avenue which is physical the address of the business and does not have a mail box. The mail carrier brought it to me at 233C State Road 16 which is where the mail delivery is for Ashton First Coast.

This was the only correspondence I received from the State. From July 26, 2000 when I originally became ill through March 2001 I was hospitalized, getting either chemo treatments, or undergoing tests. During this time I did not receive any mailing from you, please take this into consideration, as I can validate the above with hospital and doctor records

I am enclosing a check for \$150.00. I hope you will accept this as payment in full.

Thank you.

*Marian C. Ashton*

Marian C. Ashton, President  
Ashton First Coast  
233c State Road 16  
St. Augustine, FL 32084

*My fax # 904-829-0002*