

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000075117

1. Entity Name
ASHCOR SERVICES, INC.

Principal Place of Business
9951 ATLANTIC BLVD. SUITE 167
JACKSONVILLE FL 32225

Mailing Address
9951 ATLANTIC BLVD. SUITE 167
JACKSONVILLE FL 32225

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WELLHAUSEN, ASHLEY C
9951 ATLANTIC BLVD, SUITE 167
JACKSONVILLE FL 32225

4. FEI Number

59-3677494

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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 \$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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT/DIRECTOR
Ashley C. WELLHAUSEN
7001 FLORIDA RD.
JACKSONVILLE, FL 32211

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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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, typed or printed name of signing officer or director

Ashley C. WELLHAUSEN

Date

Daytime Phone #

9/11/01 904-723-5253

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90002 026 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)