

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000086405**

1. Entity Name

**GAINESVILLE A TEAM, INC.**

Principal Place of Business

7204 N W 47TH COURT  
GAINESVILLE FL 32606

Mailing Address

7204 N W 47TH COURT  
GAINESVILLE FL 32606FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01-OCT-01 5 PM 12:57



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
7710 W. Newberry Rd  
3. Mailing Address  
7710 W. Newberry Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Gainesville, FLCity & State  
Gainesville, FL

4. FEI Number 593717087

Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee RequiredCountry  
US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASHLEY, EUGENE B

7204 N W 47TH COURT  
GAINESVILLE FL 32606

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	ASHLEY, EUGENE B	
STREET ADDRESS	7204 N W 47TH COURT	
CITY - ST - ZIP	GAINESVILLE FL 32606	
TITLE	D	<input type="checkbox"/> Delete
NAME	ASHLEY, JOYCE A	
STREET ADDRESS	7204 N W 47TH COURT	
CITY - ST - ZIP	GAINESVILLE FL 32606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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	
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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)(b), 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: *Eugene B. Ashley*

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/10/01 332-5958

Date

Daytime Phone

CR2E034 (5/01)