

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90107 005 ***150.00

DOCUMENT # P01000009352

1. Entity Name
ASHLEY OAKS REALTY CORP.

Principal Place of Business

405 TARRYTOWN ROAD #421
WHITE PLAINS NY 10607

Mailing Address

405 TARRYTOWN ROAD #421
WHITE PLAINS NY 10607



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Ashley Oaks Realty Corp.

Suite, Apt. #, etc.

1701 E 131st Avenue

City & State

Tampa FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number

59-3699484

Applied For

Not Applicable

Zip

Country

33612 Hillsborough

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SCHMACHTENBERG, LEE C
1533 SUNSET DR STE 201
CORAL GABLES FL 33143

7. Name and Address of New Registered Agent

Ashley Oaks Realty Corp/Steven Green

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

1701 E 131st Avenue

City

Tampa

FL

Zip Code

33612

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

TITLE **D** ☐ Delete
NAME **GREEN, STEVEN**
STREET ADDRESS **405 TARRYTOWN ROAD #421**
CITY-ST-ZIP **WHITE PLAINS NY 10607**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature Required **Steven Green, Pres.** **4/16/02** **914-968-3157**

Date

Daytime Phone #

CR2E034 (9/01)