

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90024 004 ***550.00

DOCUMENT #

1. Entity Name

ASHLEY MA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

915 Sawgrass Village

Suite, Apt. #, etc.

3. Mailing Address

915 Sawgrass Village

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ponte Vedra Beach FL

City & State

Ponte Vedra Beach, FL

4. FEI Number

59-3705866

Applied For

Not Applicable

Zip

32082

Country

ST. JOHN

Zip

32082

Country

ST. JOHN

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

TONY MA

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

915 Sawgrass Village

City

Ponte Vedra Beach

FL

Zip Code

32082

**DO NOT WRITE
IN THIS SPACE**

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
Director, PRES.
TONY MA
915 Sawgrass Village
Ponte Vedra Beach, FL 32082

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/02 904-233-9685
Date Daytime Phone #

CR2E034B (12/01)