

FILED  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 91897 014 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000097037

1. Entity Name  
**NICE ASH ENTERPRISES, INC.**



Principal Place of Business  
215 W 2ND ST  
GAINESVILLE, FL 32601

Mailing Address  
215 W 2ND ST  
GAINESVILLE, FL 32601

2. Principal Place of Business

**21 SW. 2ND ST.**

Suite, Apt. #, etc.

3. Mailing Address

**21 SW. 2ND ST.**

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

**GAINESVILLE FL**

City & State

**GAINESVILLE FL**

4. FEL Number

**59-3750412**

☒ Applied For

☐ Not Applicable

Zip

**32601**

Country

**ALACHUA**

Zip

**32601**

Country

**ALACHUA**

5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROBINSON, DANNY  
1205 N.W. 31ST AVE.  
GAINESVILLE, FL 32609

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **ROBINSON, DANNY**  
STREET ADDRESS **1205 NW 31 ST AVENUE**  
CITY-ST-ZIP **GAINESVILLE, FL 32609**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition  
NAME **ROBINSON, DANNY**  
STREET ADDRESS **1205 NW 31 ST AVE,**  
CITY-ST-ZIP **GAINESVILLE FL 32609**

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

12. 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 10 or Block 11 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

Date

Daytime Phone #

**5-103 352-372-5593**

CR2E034 (10/02)