

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90065 006 \*\*\*150.00

**DOCUMENT # P01000109689**

1. Entity Name

**D. ASHTON AND ASSOCIATES, INC.**

**D. ASHTON KAY AND ASSOCIATES, INC.**

Principal Place of Business

16285 PERDIDO KEY DR #1022  
PENASOLA FL 32507

Mailing Address

16285 PERDIDO KEY DR #1022  
PENASOLA FL 32507

2. Principal Place of Business

**16285 Perdido Key Dr #1022**

3. Mailing Address

**3153 Silver Oak Trail**

Suite, Apt. #, etc.  
**#1022**

Suite, Apt. #, etc.

City & State

**PENSACOLA, FL**

City & State

**MARION, IA**

4. FENumber

**59-3352748**

Applied For

Not Applicable

Zip  
**32507**

Country

**ESCAMBIA**

Zip

**52302**

Country

**Iowa**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**COPPOCK, KATHRYN E**  
**16285 PERDIDO KEY DR #1022**  
**PENASOLA FL 32507**

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 \$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 **DP** ☐ Delete  
NAME **COPPOCK, KATHRYN E-**  
STREET ADDRESS **16285 PERDIDO KEY DR #1022**  
CITY-ST-ZIP **PENASOLA FL 32507**

TITLE **DV** ☐ Delete  
NAME **COPPOCK, DAVID A**  
STREET ADDRESS **16285 PERDIDO KEY DR #1022**  
CITY-ST-ZIP **PENASOLA FL 32507**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ 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)(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:

**KATHRYN E. COPPOCK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/2/02**

Date

**(319) 373-2760**

Daytime Phone #

CR2E034 (9/01)