

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90112 035 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

00001210

DOCUMENT # P01000109689			
1. Entity Name D. ASHTON KAY AND ASSOCIATES, INC.			
Principal Place of Business 16285 PERDIDO KEY DR #1022 PENASOLA, FL 32507		Mailing Address 3153 SILVER OAK TRAIL MARION, IA 52302	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when submitting) DATE			
FILE NOW! FEES \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COPPOCK, KATHRYN E 16285 PERDIDO KEY DR #1022 PENASOLA, FL 32507 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D KATHRYN E COPPOCK ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COPPOCK, DAVID A 16285 PERDIDO KEY DR #1022 PENASOLA, FL 32507 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D DARRELL A COPPOCK 16285 PERDIDO KEY DR #1022 PENASOLA, FL 32507 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 another like empowered.			
SIGNATURE:		Pres. 4/14/03 (319) 373-2760	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CH20034 (10/02)