

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90127 003 ***158.75

DOCUMENT # P02000067302

1. Entity Name

M. ASHLEY ENTERPRISES, INC.



Principal Place of Business

**8437 TUTTLE AVENUE
SARASOTA FL 34243**

Mailing Address

**8437 TUTTLE AVENUE
SARASOTA FL 34243**

30003848



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

42-1541329

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JACK WM. WINDT, ESQUIRE
2389 RINGLING BOULEVARD
SUITE A
SARASOTA FL 34237**

7. Name and Address of New Registered Agent

Name **Michael Ashley**
Street Address (P.O. Box Number is Not Acceptable)
8437 Tuttle Ave
City **Sarasota** FL Zip Code **34243**

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

Michael Ashley President

1/14/03

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
**PD
ASHLEY, MICHAEL L
1008 WOODVIEW WAY
BRADENTON FL 34212**

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

TITLE NAME ☐ Delete
**STD
ASHLEY, LISA E
1008 WOODVIEW WAY
BRADENTON FL 34212**

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

TITLE NAME ☐ Delete
**NAME
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CITY-ST-ZIP**

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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: *Michael Ashley* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03

Date

941-358-7022

Daytime Phone #

CR2E034 (10/02)