

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90236 019 ***150.00

DOCUMENT # P93000088637

1. Entity Name
ASHLEY-NICOLE ENTERPRISE, INC.



Principal Place of Business
3101 N. 12TH AVE
PENSACOLA FL 32503
US

Mailing Address
P.O. BOX 9455
PENSACOLA FL 32513

Same

11010106



2. Principal Place of Business
15 W Strong St
Suite 12 B

3. Mailing Address
PO Box 9455

Suite, Apt. #, etc.
Suite 12 B

Suite, Apt. #, etc.

City & State
Pens FL

City & State
Same

4. FEI Number
59-3216287

Applied For
Not Applicable

☒ CHECK HERE IF MAKING CHANGES

Zip
32501

Country

Zip
32513

Country

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

6. Name and Address of Current Registered Agent

REAVIS, VINCENT J
3101 N. 12TH AVE
PENSACOLA FL 32503

7. Name and Address of New Registered Agent

Name
SAME
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]
Signature typed or printed name of registered agent, if applicable.

Vince Reavis
(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
REAVIS, VINCE
3101 N. 12TH AVE
PENSACOLA FL 32503

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
REAVIS, JENNIFER
3101 N 12TH AVENUE
PENSACOLA FL 32503

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ 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 all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE REQUIRED
Vince Reavis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03

Date

850 341 0176

Daytime Phone #

CR2E034 (10/02)