

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90859 039 ***150.00

UBR/305 AV

DOCUMENT # P95000049061

1. Entity Name

MICHAEL ASHLEY ENTERPRISES, INC.

Principal Place of Business

**2301 WEST SAMPLE ROAD
 SUITE 5
 POMPANO BEACH FL 33073**

Mailing Address

**2301 WEST SAMPLE ROAD
 SUITE 5
 POMPANO BEACH FL 33073**

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

65-0552435

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ASHLEY, MICHAEL
 2301 W. SAMPLE ROAD
 SUITE 5
 POMPANO BEACH FL 33073**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PSTD
 NAME: ASHLEY, MICHAEL Delete
 STREET ADDRESS: 2301 W. SAMPLE ROAD, SUITE 5
 CITY-ST-ZIP: POMPANO BEACH FL 33073

TITLE: PSTD
 NAME: ASHLEY MICHAEL Change Addition
 STREET ADDRESS: 2301 west Sample rd, suite 5
 CITY-ST-ZIP: Deerfield Beach FL 33073

TITLE: VPD
 NAME: FLORIO, FRED Delete
 STREET ADDRESS: 3000 NE 30TH PL, STE 207
 CITY-ST-ZIP: FORT LAUDERDALE FL 33306

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

TITLE: ASD
 NAME: BOLTON, CAROLYN Delete
 STREET ADDRESS: 3000 NE 30TH PL, STE 207
 CITY-ST-ZIP: FORT LAUDERDALE FL 33306

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

TITLE: Delete
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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

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:

Michael Ashley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02
 DATE

Daytime Phone #

CR2E034 (9/01)