

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **96000004697**

1. Entity Name

CHERYL ASHER PA
301 N. OCEAN BLVD #1001
POMPANO BEACH, FL 33062

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

301 N. OCEAN BLVD

3. Mailing Address

301 N. OCEAN BLVD

Suite, Apt. #, etc.

#1001

Suite, Apt. #, etc.

#1001

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

Zip

33062

Country

USA

Zip

33062

Country

USA

4. FEI Number

065-0636334

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CHERYL F. ASHER

Street Address (R.O. Box Number is Not Applicable)

301 N. OCEAN BLVD

#1001

City

POMPANO BEACH

FL

Zip

33062

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

Cheryl F. Asher

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **Pres.**
NAME **CHERYL F. ASHER**
STREET ADDRESS **301 N. OCEAN BLVD. #1001**
CITY-ST-ZIP **POMPANO BEACH, 33062**

TITLE *****
NAME **Doing Business as A Home**
STREET ADDRESS **Appraiser, Private Corporation**
CITY-ST-ZIP **under my STATE license #**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP **RR 0007870 - exp 11/30/02**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Cheryl F. Asher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/27/02

Daytime Phone #

954-782-9921

FILED
02 APR -4 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)