

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90542 046 ***150.00

DOCUMENT # P96000037869

1. Entity Name

ASHMONT FARMS INC.

Principal Place of Business

**2721 NEATON COURT
 WELLINGTON FL 33414**

Mailing Address

**C/O BLAKESBERG & CO CPAS
 951 SW 4TH AVE
 BOCA RATON FL 33432
 US**

2. Principal Place of Business

Ashmont Farm

3. Mailing Address

Ashmont Farm

Suite, Apt. #, etc.

14710 Palm Beach Point

Suite, Apt. #, etc.

14710 Palm Beach Point Blvd.

City & State

Wellington, FL

City & State

Wellington, FL

Zip

33414

Country

USA

Zip

33414

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0670173

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**COLUCCIO, ALLYSON J
 2721 NEATON COURT
 WELLINGTON FL 33414**

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.

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, 2001 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

TITLE **D** ☐ Delete
 NAME **COLUCCIO, ALLYSON J**
 STREET ADDRESS **2721 NEATON COURT**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ALLYSON J. COLUCCIO, Pres
 ALLYSON J. COLUCCIO
 PRESIDENT

(561) 750-8300

Date Daytime Phone #

CR2E034 (10/00)