352-495-7449

Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 03, 2001 8:00 am Secretary of State DOCUMENT # **P97000051563** 1. Entity Name ASHTON, ASHTON & ASSOCIATES, INC. 05-03-2001 91011 044 ***150.00 Principal Place of Business Mailing Address 22215 SW 119TH AVENUE 5745 SW 75TH ST ARCHER FL 32618 PMB 331 GAINESVILLE FL 32608 2. Principal Place of Business 3. Mailing Address 14260-331 West Newberry Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3453134 Newberry, Florida Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32669 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ASHTON, PATRICIA S Street Address (P.O. Box Number is Not Acceptable) 14260-331 West Newberry Road MAN CANDILANT HAND MANAGEMENT VENET RESIDENCE MADE AND Zip Code 32669 Newberry 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition ☐ Delete TITLE TITLE ashton, patricia s NAME NAME 14260-331 West Newberry Road STREET ADDRESS STREET ADDRESS THE STATE OF STREET Newberry, Florida 32669 CITY-ST-ZIP CITY-ST-ZIP KINDSKE KONDUKNIK KURIKA ☐ Delete TITLE Change Addition NAME ashton, ray e NAME 14260-331 West Newberry Road STREET ADDRESS EDED SWIND THE STATE OF STREET ADDRESS CITY-ST-ZIP Newberry, Florida 32669 CITY-ST-ZIP KINNIGEN KI BARIKBING ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 of 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 employered 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.

Ray E. Ashton, Jr.

PRINTED JAME OF SIGNING OFFICER OR DIRECTOR