

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90130 003 ***150.00

DOCUMENT # P97000051563

1. Entity Name
ASHTON, ASHTON & ASSOCIATES, INC.



Principal Place of Business
14260 WEST NEW BURY RD #331
NEWBERRY FL 32669

Mailing Address
14260-331 WEST NEWBERRY ROAD
NEWBERRY FL 32669

2. Principal Place of Business
22215 Southwest 119th Avenue

3. Mailing Address
14260 West Newberry Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Private Mail Box 331

City & State
Archer, Florida

City & State
Newberry, Florida

4. FEI Number **59-3453134**

Applied For
Not Applicable

Zip
32618

Country
United States

Zip
32669

Country
United States

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASHTON, PATRICIA S
14260-331 WEST NEWBERRY ROAD
NEWBERRY FL 32669

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ **Delete**
NAME **ASHTON, PATRICIA S**
STREET ADDRESS **14260-331 WEST NEWBERRY ROAD**
CITY-ST-ZIP **NEWBERRY FL 32669**

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

TITLE **ED T** ☐ **Delete**
NAME **ASHTON, RAY E**
STREET ADDRESS **14260-331 WEST NEWBERRY ROAD**
CITY-ST-ZIP **NEWBERRY FL 32669**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

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: **Ashton, Jr.** **January 22, 2003** **352-495-7449**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)