

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90055 025 ***150.00

DOCUMENT # P98000007647

Entity Name
ASHBURN & ASSOCIATES LEGAL SERVICE, INC.

Principal Place of Business
WEST LAKE BEAUTY DRIVE STE. 201
ORLANDO FL 32806

Mailing Address
~~22 WEST LAKE BEAUTY DRIVE STE. 201~~
~~ORLANDO FL 32806-2033~~
P.O. BOX 1071
ORLANDO, FL 32802

Principal Place of Business
198 N Orange Blossom Trail
 Suite, Apt. #, etc.
#319

City & State
ORLANDO FL

Zip
32805

Country
ORANGE

3. Mailing Address
P.O. BOX 1071
 Suite, Apt. #, etc.
TRAIL

City & State
ORLANDO FL

Zip
32802

Country
ORANGE



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3487613**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ASHBURN, WILLIAM M
22 WEST LAKE BEAUTY DR. STE. 201
ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name **ASHBURN WILLIAM M**

Street Address (P.O. Box Number is Not Acceptable)
198 N Orange Blossom Tr.
#319

City **ORLANDO** FL Zip Code **32805**

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 _____ (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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P ASHBURN, WILLIAM M P.O. BOX 1071 ORLANDO FL 32802-1071	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED **4-14-00** **407-426-6800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)