2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

un Putanbang Procident

SIGNATURE:

Apr 24, 2002 8:00 am Secretary of State P98000023672 DOCUMENT # 1. Entity Name 04-24-2002 90331 013 ***150.00 ASHEVILLE CORP. Principal Place of Business Mailing Address 13922 58TH STREET NORTH 13922 58TH STREET NORTH DOCTOIOU **CLEARWATER FL 34620 CLEARWATER FL 34620** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3503458 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BEYER, DAVID A Street Address (P.O. Box Number is Not Acceptable) C/O RUDNICK & WOLFE 101 EAST KENNEDY BLVD SUITE 2000 **TAMPA FL 33602** Zip Code City FL 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, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE TITLE Delete RUTENBERG, ARTHUR NAME NAME 13922 58TH STREET NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 34620 Addition ☐ Delete TITLE ☐ Channe TITLE NAME NAME rutenberg, arthur STREET ADDRESS STREET ADDRESS 13922 58TH STREET NORTH CITY-ST-ZIP CITY-ST-7IP CLEARWATER FL 33760 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME **BURTON, JOANNE** STREET ADDRESS STREET ADDRESS 13922 58TH STREET NORTH CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33760 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 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

FILED

SIGNATURE AND TYPED OR PRINTED VAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Description Phone #