Page 1stz

## 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

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ASH FORD FARMS, INC.				SEGRETARY OF STATE TALEATIVE SEE, FLORIDA		
Principal Place of Business 8 JEAN LA. FITTE DR Mailing Address Same KGY LARGO FL 33037						,
2. Principal Place of Business 3. Mailing Address				-		
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS S	SPACE	• .
City & State	City & State			4. FEI Number 65 - 0869436		Applied For Not Applicable
Zip Country	Zip	- Co	untry		5.00 / ee Requ	Additional iired
6. Name and Address of Current	7. Name and Address of New Registered	Agent	<u> </u>			
MEURER, BRENTON T			Name			
8 JEAN LA FITTE DR			Street Address (P.O. Box Number is Not Acceptable)			
KGY LARGO FL	33037					
,,	,		City	FL	Zip (	Code
8. The above named entity submits this statemen	nt for the purpose of changin	g its reg	istered office or re		<u> </u>	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  DATE						
	FILE NOW Make Check Payab			State		-  -
9. MANAGING MEMBE		10.		ADDITIONS/CHANGES		
TITLE PRESISSER NAME BROWN T		NAM			Chan	ge Addition
ISTREET ALLRESS (Q-TECAL) LA FIT	re dr		ET ADDRESS			
TITLE KGY LACO	4 330 3 7	מוזי זותו	- ST - ZIP		Chan	ge Addition
NAME		NAM				* 'U
STREET ADDRESS CITY - ST - ZIP			- ST - ZIP	100003403 -03/28/00	0108	3-007
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NAME STREET ADDRESS		NAMI	ET ADDRESS	<b>13</b> '		1
CITY - ST - ZIP	<u>,</u>		- ST - ZIP	<u>.                                    </u>		
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.  SIGNATURE:  (480) 659-9088						

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

16.72

August 14, 2000

Division of Corporations Registration Section P.O. box 6327 Tallahassee, FL 32314

Dear Sirs,

Enclosed is 2000 Uniform Business Report. Abatement is requested for any penalties and interest accrued. The taxpayer did not receive a report and was not aware one was required.

Thank you,

Brenton T Meurer 8 Jean La Fitte Dr Key Largo, FL 33037

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