

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051422

1. Entity Name

ASHTON U.S.A. INC

**FILED**  
May 17, 2000 8:00 am  
Secretary of State

05-17-2000 90867 033 \*\*\*150.00

Principal Place of Business

2141 POINCIANA TERRACE  
CLEARWATER FL 33760

Mailing Address

2141 POINCIANA TERRACE  
CLEARWATER FL 33760-1920



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18 Tarpon Dr

3. Mailing Address

18 Tarpon Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tarpon Springs

Tarpon Springs FL

City & State

City & State

4. FEI Number  
59-3580036

Applied For

Not Applicable

Zip  
34689

Country

USA

34689

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ACCOUNTING & TAX HELP, INC.  
8668 PARK BLVD.  
SUITE A  
SEMINOLE FL 33777

Delete

7. Name and Address of New Registered Agent

Name JOE Castagna

Street Address 18 Tarpon Dr

City Tarpon Springs

FL

Zip Code 34689

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 (applicable)

(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 Joe Castagna ☐ Delete  
STREET ADDRESS 18 Tarpon Dr  
CITY-ST-ZIP Tarpon Springs FL 34689

TITLE  
NAME Ruthann Castagna ☐ Delete  
STREET ADDRESS Sam  
CITY-ST-ZIP

TITLE  
NAME Andrew Stigaard ☐ Delete  
STREET ADDRESS Palm Harbor FL  
CITY-ST-ZIP

TITLE  
NAME Edna Stigaard ☐ Delete  
STREET ADDRESS Deceased  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

JOE CASTAGNA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)