

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000080595**

1. Entity Name

FRANCIS A. ASHIE MD, P.A.**FILED****May 18, 2000 8:00 am**
Secretary of State

05-18-2000 90294 033 ***150.00

Principal Place of Business

Mailing Address

220 S COURTENAY PARKWAY #B
MERRITT ISLAND FL 32952**220 S COURTENAY PARKWAY #B**
MERRITT ISLAND FL 32952-4857

2. Principal Place of Business

3. Mailing Address

1575 SALMON ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MERRITT ISLAND

4. FEI Number

593 634 848

Applied For

Not Applicable

Zip

Country

Zip

Country

32952 **U.S.A**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

ASHIE, FRANCIS A MD
718-6 NW 111TH PLACE
MIAMI FL 33172Name
ASHIE, FRANCIS A. MD

Street Address (P.O. Box Number is Not Acceptable)

1575 SALMON STREETCity
MERRITT ISLAND FLZip Code
32952

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)

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
M
FRANCIS A. ASHIE
1575 SALMON STREET
MERRITT ISLAND, FL 32952TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FRANCIS A. ASHIE**APRIL 26, 2000****321 452-4467**