

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90077 021 ***150.00

DOCUMENT # P99000087959

1. Entity Name

ASHLEY GENERAL, INC.

Principal Place of Business

**222 LAKEVIEW AVENUE
SUITE 800
WEST PALM BEACH FL 33401**

Mailing Address

**222 LAKEVIEW AVENUE
SUITE 800
WEST PALM BEACH FL 33401-6148**

2. Principal Place of Business

7777 Glades Road

Suite, Apt. #, etc.

201

City & State

Boca Raton, FL 33434

Zip

33434

Country

USA

3. Mailing Address

7777 Glades Road

Suite, Apt. #, etc.

201

City & State

Boca Raton, FL 33434

Zip

33434

Country

USA

4. FEI Number

65-0970997

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROSEN, MARVIN S
222 LAKEVIEW AVENUE
SUITE 800
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name

Melissa Crowe

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

7777 Glades Road # 201

City

Boca Raton,

FL

Zip Code
33434

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 State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> Delete
NAME	Jeffrey L. Schmier	
STREET ADDRESS	7777 Glades Road, # 201	
CITY-ST-ZIP	Boca Raton, Fla. 33434	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Albert Rex	
STREET ADDRESS	3265 Meridian Parkway, # 101	
CITY-ST-ZIP	Ft. Lauderdale, FL 33331	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Melissa Crowe	
STREET ADDRESS	7777 Glades Road, 201	
CITY-ST-ZIP	Boca Raton, Fla. 33434	<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

1/19/00 (561) 483-2330