

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 02, 2002 8:00 am**  
**Secretary of State**

06-02-2002 90904 007 \*\*\*150.00

DOCUMENT # PA99000098897

1. Entity Name  
Ashley's Pizzeria INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
14107 W. Colonial Dr.

3. Mailing Address  
"SAME"

Suite, Apt. #, etc.  
\_\_\_\_\_  
Suite, Apt. #, etc.  
\_\_\_\_\_

City & State  
Winter Garden FL

City & State  
\_\_\_\_\_  
City & State  
\_\_\_\_\_

Zip  
34787

Country  
USA

Zip  
\_\_\_\_\_  
Country  
\_\_\_\_\_

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0968709

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Emadeldin M. Elsherbeny

Street Address (P.O. Box Number is Not Acceptable)  
14107 W. Colonial Dr.

City  
Orlando

FL

Zip Code  
34787

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) ☒

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 STREET ADDRESS CITY-ST-ZIP	<u>President / Director</u> <u>ELsherbeny, Emadeldin M.</u> <u>14107 W. Colonial Dr.</u> <u>Orlando, FL 34787</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary / Treasurer / Director</u> <u>Elsherbeny, Hala A.</u> <u>14107 W. Colonial Dr.</u> <u>Orlando, FL 34787</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

CR2E034B (12/01)

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

SIGNATURE: E. Elsherbeny President 5/22/02 407-656-0030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #