2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90340 038 ***150.00

DOCUMENT # S03065

1. Entity Name
ASHMORE, INC.

Principal Place of Business	Mailing Address
~~411 EAST SHORE DRIVE CLEARWATER FL 34630 US~~ 451 CENTRAL PARK DR LARGO FL 33771	~~411 EAST SHORE DRIVE CLEARWATER FL 34630 US~~ 451 CENTRAL PARK DR LARGO FL

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
451 CENTRAL PARK DR	451 CENTRAL PARK DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LARGO FLORIDA	City & State: LARGO FLORIDA
Zip: 33771 Country: PINELLAS	Zip: 33771 Country: PINELLASS

4. FEI Number 59-3031465 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ASHTON, JAMES B.
411 EAST SHORE DRIVE
S-A
CLEARWATER FL 33376

7. Name and Address of New Registered Agent

Name: DOUG DAVENPORT SR
Street Address (P.O. Box Number is Not Acceptable): 451 CENTRAL PARK DR
City: LARGO FL Zip Code: 33771

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ASHTON, GARY A 411 EAST SHORE DRIVE CLEARWATER FL 33767 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ASHTON GARY A 411 EAST SHORE DRIVE CLEARWATER FL 33767 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ASHTON, JAMES B 411 E. SHORE DRIVE CLEARWATER FL 33767 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: ______________________ 4-20-01 615 264 9368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)