2000 UNIFORM BUSINESS REPORT (UBR) FILED May 23, 2000 8:00 am Secretary of State **DOCUMENT # S26103** 1. Entity Name ASHLEY'S SERVICE STATIONS, INC. 05-23-2000 90227 043 ***150.00 Principal Place of Business Mailing Address 4704 GOLDEN GATE PKWY 4704 GOLDEN GATE PKWY NAPLES FL 34116-6902 NAPLES FL 34116 102479 US 2. Principal Place of Business 3. Mailing Address 1101 ROSEMARY CT 1101 ROSEMARY CT Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. #A104 #A104 Applied For City & State City & State 4. FEI Number 65-0248756 Not Applicable NAPLES F NAPLES EL Country Zip \$8.75 Additional 5. Certificate of Status Desired 34103 Fee Required 34103 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ASHLEY, WAYNE CURT Street Address (P.O. Box Number is Not Acceptable). 1101 ROSEMARY CT #A104 4704 GOLDEN GATE PARKWAY NAPLES FL 34116 City NAPLES 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 and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. X Change Addition ☐ Defete TITLE TITLE ASHLEY, WAYNE C. NAME NAME STREET ADDRESS 1101 ROSEMARY CT #A104 STREET ADDRESS 4704 GOLDEN GATE PKWY CITY-ST-7/P CITY-ST-7IP NAPLES FL NAPLES FL 34103 Change Ch ☐ Addition TITLE TITLE ☐ Delete ASHLEY, PATTY L. NAME STREET ADDRESS 4704 GOLDEN GATE PKWY STREET ADDRESS 1101 ROSEMARY CT #A104 CITY-ST-7IE CITY-ST-ZIP NAPLES FL NAPLES FL 34103. . 🔲 - Delete TITLE . 🔲 Addition.-ASHLEY, HARRY M. NAME STREET ADDRESS 4707 GOLDEN GATE PKWY STREET ADDRESS 1101 ROSEMARY CT #A104 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL NAPLES FL 34103 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: **A**

Daytime Phone #