

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S45394

1. Entity Name

ASHWILL GROUP, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90021 042 ***150.00

Principal Place of Business

19831 ALLAIRE LANE
FORT MYERS FL 33908
US

Mailing Address

19831 ALLAIRE LANE
FORT MYERS FL 33908-4800
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0254337**

Applied For
Not Applied

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

NOLAND, JOHN A.
1715 MONROE ST.
FT. MYERS FL 33901

Name

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

City

FL | Zip Code

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	DP	<input type="checkbox"/> Delete
NAME	ASHWILL, THOMAS R.	
STREET ADDRESS	19831 ALLAIRE LANE	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	FARRELL, TAMMY E.	
STREET ADDRESS	9009 FRANK ROAD	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CHIMERA, KATHLEEN L.	
STREET ADDRESS	1049 NUTWOOD	
CITY-ST-ZIP	BOWLING GREEN KY	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ASHWILL, WILLIAM T.	
STREET ADDRESS	333 CYPRESS WAY EAST #101	
CITY-ST-ZIP	NAPLES FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	D'ERRICO, JENNIFER M.	
STREET ADDRESS	108 FINLEY ST	
CITY-ST-ZIP	HENDERSONVILLE NC 28739	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3905 SE 15 th AV.	
CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	428 Still Creek Path	
CITY-ST-ZIP	Wildwood, MO 63011	
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:

Tammy E. Farrell **Tammy E. Farrell** 1/7/00 941-267-6556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #