

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0518108 AV

DOCUMENT # **S45394**

1. Entity Name
ASHWILL GROUP, INC.



APPROVED
AND
FILED

03 SEP 23 PM 1:25

[Handwritten Signature]

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**19831 ALLAIRE LANE
FORT MYERS FL 33908
US**

Mailing Address
**19831 ALLAIRE LANE
FORT MYERS FL 33908
US**

2. Principal Place of Business
**17496 FUCHSIA RD
Suite, Apt. #, etc.
FORT MYERS
City & State
FLORIDA
Zip
33912 Country
LEE**

3. Mailing Address
**17496 FUCHSIA RD
Suite, Apt. #, etc.
FORT MYERS
City & State
FLORIDA
Zip
33912 Country
LEE**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0254337** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**NOLAND, JOHN A.
1715 MONROE ST.
FT. MYERS FL 33901**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. 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	9000 FRANK ROAD 17496 FUCHSIA RD	
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	BLYTHE, STAKEY	
STREET ADDRESS	122 NW 253RD RD	
CITY-ST-ZIP	CLINTON MO 64735	
TITLE	DV	<input type="checkbox"/> Delete
NAME	D'ERRICO, JENNIFER M.	
STREET ADDRESS	428 STILL CREEK PATH	
CITY-ST-ZIP	WILDWOOD MO 63011	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TIBBS, LEAH	
STREET ADDRESS	124 MOUNT OLIVET RD	
CITY-ST-ZIP	BOWLING GREEN KY 42101	

11. 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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Handwritten Signature]* 9/20/03 239-267-6556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)