

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S53496

1. Entity Name

JANELLE W. ASHBY, P.A.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90051 022 \*\*\*150.00

Principal Place of Business

Mailing Address

6130 BAYMEADOWS CR., WEST  
SUITE 306  
JACKSONVILLE FL 32256

PO BOX 402  
STURGIS MI 49091-0402  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

809 NORTH LAKEVIEW

809 NORTH LAKEVIEW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STURGIS, MI

City & State

STURGIS, MI

Zip

49091

Country

USA

Zip

49091

Country

USA

4. FEI Number

59-3069495

Applied For

Not Applicable

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

ASHBY, JANELLE W.  
8130 BAYMEADOWS CR., WEST  
SUITE 306  
JACKSONVILLE FL 32256

Name

JESSE E. SUMMERS, CPA

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

103 CENTURY 21 DRIVE, SUITE 112

City

JACKSONVILLE

FL

Zip Code

32216

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

JESSE E. SUMMERS, CPA

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME DP  
STREET ADDRESS ASHBY, JANELLE W.  
CITY-ST-ZIP 8130 BAYMEADOWS CR., W  
JACKSONVILLE FL

TITLE ☒ Change ☐ Addition  
NAME DP  
STREET ADDRESS ASHBY, JANELLE W.  
CITY-ST-ZIP 809 NORTH LAKEVIEW  
STURGIS, MI 49091

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Janelle Ashby*

JANELLE W. ASHBY

Date

3-13-00

Daytime Phone #

CR2E034 (9/99)