

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2002 8:00 am
Secretary of State

04-22-2002 90141 006 ***150.00

DOCUMENT # **556942** ✓
1. Entity Name
C DALE ASHWORTH INC

DO NOT WRITE IN THIS SPACE

33014

2. Principal Place of Business 315 QUANE AVE Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc. SAME	
City & State SPRING HILL FL		City & State FL	
Zip 34609	Country US	Zip	Country
4. FEI Number 593072326		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Clyde Dale Ashworth
Street Address (P.O. Box Number is Not Acceptable)
315 QUANE AVE
City **SPRING HILL** FL Zip Code **34609**

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 **Clyde D Ashworth** **5/15/02**
Signature, typed or printed name of registered agent and (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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Clyde Dale Ashworth 315 QUANE AVE SPRING HILL FL 34609	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Clyde D Ashworth**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352
4-15-02 688 1779
Date Daytime Phone #

CR2E034B (12/01)