

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V15829

1. Entity Name

D. ASHTON ENTERPRISES, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90118 038 ***150.00

Principal Place of Business	Mailing Address
1361 AIRPORT ROAD NORTH NAPLES FL 34104 US	1361 AIRPORT ROAD NORTH NAPLES FL 34104-3315 US

2. Principal Place of Business	3. Mailing Address
1100 COMMERCIAL BLVD.	1100 COMMERCIAL BLVD.

Suite, Apt. #, etc.	Suite, Apt. #, etc.
#118	#118

City & State	City & State
NAPLES FL	NAPLES FL

Zip	Country	Zip	Country
34104	COLLIER	34104	COLLIER



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0317308	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARNOLD, DEAN A. 1361 AIRPORT ROAD NORTH NAPLES FL 33942	Name Street Address (P.O. Box Number is Not Acceptable) 1100 COMMERCIAL BLVD #118 City NAPLES FL Zip Code 34104

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, DEAN A	NAME	1100 COMMERCIAL BLVD #118
STREET ADDRESS	1361 AIRPORT RD NORTH	STREET ADDRESS	NAPLES FL 34104
CITY-ST-ZIP	NAPLES FL	CITY-ST-ZIP	
TITLE	DST <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, DONALD L	NAME	1100 COMMERCIAL BLVD #118
STREET ADDRESS	1361 AIRPORT RD NORTH	STREET ADDRESS	NAPLES FL 34104
CITY-ST-ZIP	NAPLES FL	CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VETTER, RICHARD	NAME	1100 COMMERCIAL BLVD. #118
STREET ADDRESS	1361 AIRPORT ROAD NORTH	STREET ADDRESS	NAPLES, FL 34104
CITY-ST-ZIP	NAPLES FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DEAN ARNOLD

1-13-00 944-643-6333
 Date Daytime Phone #

CR2E034 (9/99)