## 2025 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P25000000054

Entity Name: ASHLEY VENTURE HOLDINGS, INC.

**Current Principal Place of Business:** 

1670 EAST 8TH AVENUE TAMPA, FL 33605

**Current Mailing Address:** 

1670 E 8TH AVE TAMPA. FL 33605 US

FEI Number: 85-0703802 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

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: ELIZABETH SOTO 10/09/2025

Electronic Signature of Registered Agent

Officer/Director Detail:

Title CD Title CEOP

WANEK, RONALD G WANEK, TODD R Name Name

1670 EAST 8TH AVENUE Address 1670 EAST 8TH AVENUE Address

City-State-Zip: TAMPA FL 33605 TAMPA FL 33605 City-State-Zip:

Title SVP Title D

Name WANEK, CAMERON WANEK, TODD R Name Address 1670 EAST 8TH AVENUE Address 1670 EAST 8TH AVENUE

TAMPA FL 33605 City-State-Zip: City-State-Zip: TAMPA FL 33605

Title SVP SVP Title

Name WAGNER, TRAVIS FORSYTHE, LAURA Name

Address 1670 EAST 8TH AVENUE 1670 EAST 8TH AVENUE Address

City-State-Zip: TAMPA FL 33605 TAMPA FL 33605 City-State-Zip:

Title Title

CALKINS, STEPHEN R Name MULLER, TROY Name 1670 EAST 8TH AVENUE Address 1670 EAST 8TH AVENUE Address City-State-Zip: TAMPA FL 33605

TAMPA FL 33605 City-State-Zip:

## Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

10/09/2025 SIGNATURE: TROY MULLER **TREASURER** 

Electronic Signature of Signing Officer/Director Detail

Date

**FILED** Oct 09, 2025

**Secretary of State** 

5276236434CR

Date

## Officer/Director Detail Continued:

Title D

Name H.E VOGEL, CHARLES
Address 1670 EAST 8TH AVENUE

City-State-Zip: TAMPA FL 33605