

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90184 034 ***150.00

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AB

DOCUMENT # F97000002936

1. Entity Name
ASHLEY WORLDWIDE, INC.



Principal Place of Business
**202 LINCOLNWAY E.
MISHAWAKA IN 46544**

Mailing Address
**202 LINCOLNWAY E.
MISHAWAKA IN 46544**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **35-1053410**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BOWLES, PAUL R
551 N AUDUBON #202
NAPLES FL 34110-7959**

7. Name and Address of New Registered Agent

Name **TERRY L. GERBER**

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

10077 IDLE PINE LN

City **BONITA SPRINGS**

FL

Zip Code **34135**

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)

4-22-03

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 NAME STREET ADDRESS CITY-ST-ZIP	PDC GERBER, TERRY L 61330 CROOKED CREEK ROAD CASSOPOLIS MI 49031 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDC GERBER, NANCY D 61330 CROOKED CREEK ROAD CASSOPOLIS MI 49031 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERBER, JASON R 61330 CROOKED CREEK ROAD CASSOPOLIS MI 49-0313 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition GERBER, TERRY L 10077 IDLE PINE LN BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition GERBER, NANCY D 10077 IDLE PINE LN BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition GERBER, JASON R 10077 IDLE PINE LN BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-03 574-259-2481

CR2E034 (10/02)