## 2003 UNIFORM BUSINESS REPORT (UBR)

FEI Number Applied For ( )

US

Electronic Signature of Registered Agent

## DOCUMENT# N96000005770

**Current Principal Place of Business:** 

Name and Address of Current Registered Agent:

() Delete

NEW SMYRNA BEACH, FL 32168

( ) Delete

NEW SMYRNA BEACH, FL 32169

( ) Delete

NEW SMYRNA BEACH, FL 32168

720 MAGNOLIA AVENUE

NEW SMYRNA BEACH, FL

**Current Mailing Address:** 

720 MAGNOLIA AVENUE

720 MÁGNOLIA AVENUE

in the State of Florida.

SIGNATURE:

Name: Address:

Title:

Title:

Name: Address:

Name:

Address:

City-St-Zip:

City-St-Zip:

City-St-Zip:

NEW SMYRNA BEACH, FL 32168

**OFFICERS AND DIRECTORS:** 

WILEY, DAVID J

WILEY, KAREN A

720 MAGNOLIA AVENUE

907 N ATLANTIC AVENUE

PELLETIER, ROGER A

720 MAGNOLIA AVENUE

FEI Number: 59-3416669

WILEY, DAVID J

NEW SMYRNA BEACH, FL

FILED Apr 24, 2003 Secretary of State

US

US

Certificate of Status Desired ( )

US

04/24/2003

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

(X) Change ( ) Addition

() Change () Addition

**New Principal Place of Business:** 

NEW SMYRNA BEACH, FL 32168

NEW SMYRNA BEACH, FL 32168

NEW SMYRNA BEACH, FL 32168

WILEY, DAVID J

WILEY, KAREN A

713 LIVE OAK STREET

254 GOLF CLUB DRIVE

NEW SMYRNA BEACH, FL 32168

NEW SMYRNA BEACH, FL 32168

Name and Address of New Registered Agent:

713 LIVE OAK STREET

**New Mailing Address:** 

713 LIVE OAK STREET

FEI Number Not Applicable ( )

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

WILEY, DAVID J

713 LIVE OAK STREET

Entity Name: AAA BUSINESS PARK OF NEW SMYRNA BEACH OWNERS' ASSOCIATION, INC.

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID WILEY P 04/24/2003