

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000002705**

1. Entity Name

AEA INTERNATIONAL, INC.**FILED**
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90056 020 ****70.00

Principal Place of Business

Mailing Address

**3507 CARRIAGE GATE DR
MELBOURNE FL 32904****P.O. BOX 120099
BREVARD FL 32912-0099**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3556915

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LATHAM, TANNY
3507 CARRIAGE GATE DRIVE
MELBOURNE FL 32901**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **REINHOLD, E. JOHN**
CITY-ST-ZIP **4047 SNOWY EGRET DRIVE
MELBOURNE FL 32904**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **DV**
STREET ADDRESS **DIXON, ROBERT J SR**
CITY-ST-ZIP **974 DUPONT STREET, N.E.
PALM BAY FL 32907**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **CHASE, RICHARD D**
CITY-ST-ZIP **45227 CALLSRTO ORDENES
TEMECULA CA 92592**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **ST**
STREET ADDRESS **TOWNSEND, SAMUEL**
CITY-ST-ZIP **3507 CARRIAGE GATE DRIVE
MELBOURNE FL 32904**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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:

SAMUEL TOWNSEND, Sec. 4-26-02 321-308-7770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)