

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2002 8:00 am
Secretary of State

06-04-2002 90204 036 ***150.00

DOCUMENT # P00000048136

1. Entity Name
A & E ASSOCIATES OF NORTHWEST FLORIDA, INC.

Principal Place of Business
**1175 COLLEGE BLVD
 STE A
 PENSACOLA FL 32504**

Mailing Address
**P. O BOX 13163
 PENSACOLA FL 32591**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**215 E. Zaragoza St.
 Pensacola, FL**

3. Mailing Address
**215 E. Zaragoza St.
 Pensacola, FL**

Suite, Apt. #, etc.
 City & State

4. FEI Number
59-3661292

Applied For
 Not Applicable

Zip
32501 Country
Escambia

Zip
32591 Country
Escambia

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**VALLETTO, CARL L
 1481 STANFORD PLACE
 GULF BREEZE FL 32561**

7. Name and Address of New Registered Agent
 Name
Carl L. Valletto
 Street Address (P.O. Box Number is Not Acceptable)
1481 Stanford Rd.
Gulf Breeze, FL 32561
 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 *Carl L. Valletto*
 Signature, typed or printed name of registered agent and title if applicable. (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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT VALLETTO, CARL E 1481 STANFORD RD GULF BREEZE FL 32561 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VALLETTO, ANNETTE 923 BARCELONA ST PENSACOLA FL 32501 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Carl L. Valletto*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)