

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002821

1. Entity Name

AAA INDUSTRIAL PARK OF NEW SMYRNA BEACH OWNERS'

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90033 030 ****61.25

Principal Place of Business

Mailing Address

720 MAGNOLIA AVENUE
NEW SMYRNA BEACH FL

720 MAGNOLIA AVENUE
NEW SMYRNA BEACH FL

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

59-3269268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILEY, DAVID J
720 MAGNOLIA AVENUE
NEW SMYRNA BEACH FL 32168

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 \$61.25

9. 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 PTD
STREET ADDRESS WILEY, DAVID
CITY-ST-ZIP 720 MAGNOLIA ST.
NEW SMYRNA BEACH FL 32168

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS EISENBERG, THOMAS
CITY-ST-ZIP 720 MAGNOLIA AVENUE
NEW SMYRNA BEACH FL 32168

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS KEMPTON, ROBER
CITY-ST-ZIP 1502 INDUSTRIAL DRIVE
NEW SMYRNA BEACH FL 32168

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME D
STREET ADDRESS BANNISTER, BRETT
CITY-ST-ZIP 1500 INDUSTRIAL DRIVE
NEW SMYRNA FL 32168

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME MIKE MORRIS
STREET ADDRESS 1506 INDUSTRIAL DR
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/2000 904 428800

CR2E037 (9/99)