

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2001 8:00 am**  
**Secretary of State**

01-27-2001 90068 027 \*\*\*150.00

906374



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P99000094963**

1. Entity Name

**A & A ELECTRIC MOTORS & PUMPS SALES & SERVICE IN**

Principal Place of Business

**140 OBRIEN RD.  
 FERN PARK FL 32730**

Mailing Address

**140 OBRIEN RD.  
 FERN PARK FL 32730**

2. Principal Place of Business

**120 O'Brien Rd**  
 Suite, Apt. #, etc.

3. Mailing Address

**120 O'Brien Rd**  
 Suite, Apt. #, etc.

City & State

**Fern Park FL**

City & State

**Fern Park FL 32730**

4. FEI Number

**59-3613827**

Applied For

Not Applicable

Zip

Country

**32730 USA**

Zip

Country

**32730 USA**

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

**MARAJ, ANDY K  
 140 OCEAN RD  
 ORLANDO FL 32730**

Name

**MARAJ, Andy K.**

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

**120 O'Brien Rd**

City

**Orlando**

FL

Zip Code

**32730**

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MARAS, ANELY K</b>	
STREET ADDRESS	<b>140 OBRIEN RD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32730</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARAS, Andy K.</b>	
STREET ADDRESS	<b>120 OBRIEN RD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32730</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-16-01 (407) 924-8319**

CR2E034 (10/00)