

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 252499

1. Entity Name

AAA TRAFFIC MARKING CO. ✓

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90022 032 ***158.75

Principal Place of Business

Mailing Address

2411 SW 58 WAY
HOLLYWOOD, FL. 33023

2411 SW 58 WAY
HOLLYWOOD FL
33023

825717

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

59-0940009

Applied For

Not Applicable

5. Certificate of Status Desired

8

\$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

ROBERT TUCKER
2411 SW 58 WAY
HOLLYWOOD, FL 33023

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

ROBERT TUCKER, VP

Robert Tucker MARCH 3, 2000

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, 2000 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	HANNON W B STRICKL	<input type="checkbox"/> Delete
NAME	2411 SW 58 WAY	
STREET ADDRESS	HOLLYWOOD, FL. 33023	
CITY-ST-ZIP		
TITLE	ROBERT TUCKER	<input type="checkbox"/> Delete
NAME	2411 SW 58 WAY	
STREET ADDRESS	HOLLYWOOD, FL. 33023	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
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:

Robert Tucker ROBERT TUCKER

MARCH 3, 2000

954 962-8823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)