

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90101 033 ***150.00

0324058

DOCUMENT # 320082
 1. Entity Name
AAA EMPLOYMENT, INC.

Principal Place of Business Mailing Address
~~4914 A CREEKSIDE DRIVE CLEARWATER FL 33760 US~~
~~4914 A CREEKSIDE DRIVE CLEARWATER FL 33760 US~~

C0007218



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **5533 CENTRAL AVE.** 3. Mailing Address **5533 CENTRAL AVE.**
 Suite, Apt. #, etc.

City & State **ST. PETERSBURG, FL.** City & State **ST. PETERSBURG, FL.**
 Zip **33710** Country **USA** Zip **33710** Country **USA**

4. FEI Number **59-1278599** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GEORGE DAVID M
4914 A CREEKSIDE DRIVE
CLEARWATER FL 33760

7. Name and Address of New Registered Agent
 Name **COLLEEN ROUNDS**
 Street Address (P.O. Box Number, if applicable) **5533 CENTRAL AVE.**
 City **ST. PETERSBURG, FL** Zip Code **33710**

8. The above named entity submits this statement for the purpose of changing its registered office and registered agent in the State of Florida.
 SIGNATURE **Colleen Rounds** **SEC/TREAS/V.P.** DATE **1-11-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MROCKOWSKI, MARIAN	
STREET ADDRESS	10085 186TH AVE SW	
CITY-ST-ZIP	DUNWELTON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	QUETSCHENBACH, CAROL	
STREET ADDRESS	4655 SECRET RIVER TRAIL	
CITY-ST-ZIP	PORT ORANGE FL 32119	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	GEORGE DAVID	
STREET ADDRESS	4914 CREEKSIDE DRIVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOIVOLA, LES	
STREET ADDRESS	145 N CHURCH ST #202 BTC 27	
CITY-ST-ZIP	SPARTANBURG SC 29301	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HATTON, OWEN	
STREET ADDRESS	1775 LELA DRIVE #B	
CITY-ST-ZIP	JACKSON MS	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANEARN, MICHELE	
STREET ADDRESS	5500 EXECUTIVE CT. DR. #217	
CITY-ST-ZIP	CHARLOTTE NC 28212	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APRES, KAPPLER	
STREET ADDRESS	5533 CENTRAL AVE.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33710	
TITLE	V.P./SEC/TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLEEN ROUNDS	
STREET ADDRESS	5533 CENTRAL AVE.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33710	
TITLE	100102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1850 LEE RIVER	
STREET ADDRESS	WINTER PARK, FL. 32789	
TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCIS TAYLOR	
STREET ADDRESS	134 BEECH CREEK CT.	
CITY-ST-ZIP	KENNESAW, GA. 30152	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEHAVEN	
STREET ADDRESS	5533 CENTRAL AVE.	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33710	
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 another like empowered.
 SIGNATURE: **Colleen Rounds** **VP/SEC/TREAS.** DATE **1-11-01** DAYTIME PHONE # **343-3044**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)