

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 398211**

1. Entity Name

AAA FIRE PROTECTION, INC

Principal Place of Business

**8502 SUNSTATE STREET
TAMPA FL 33634**

Mailing Address

**8502 SUNSTATE STREET
TAMPA FL 33634-1312**

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 **59-1390646**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent****VALERIUS, THOMAS E
3404 VALLEY RANCH DRIVE
LUTZ FL 33549****7. Name and Address of New Registered Agent**

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

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**TITLE **P** ☐ Delete
NAME **VALERIUS, THOMAS E.**
STREET ADDRESS **3404 VALLEY RANCH DR**
CITY - ST - ZIP **LUTZ FL**TITLE **ST** ☐ Delete
NAME **MASON, JAMES W.**
STREET ADDRESS **8005 LA SERENA DR**
CITY - ST - ZIP **TAMPA FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Change ☐ 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

James W. Mason Sec./Treas. 1/20/2000 813/886-8869

Date

Daytime Phone #

**FILED
Jan 27, 2000 8:00 am
Secretary of State**

01-27-2000 90034 003 ***150.00

A0012498

DO NOT WRITE IN THIS SPACE

C025014 03/00/01