

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90338 001 ***300.00

DOCUMENT # 493845

1. Entity Name

AIDE SERVICES, INC.

Principal Place of Business

**5402 BEAUMONT CENTER BLVD. STE 102
TAMPA FL 33634-2292**

Mailing Address

**5402 BEAUMONT CENTER BLVD. STE 102
TAMPA FL 33634-2292**

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

36-2862257

Applied For

Not Applicable

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

HEUER, MARTIN**5402 BEAUMONT CENTER BLVD, STE 102
TAMPA FL 33634-2292**

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, 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	PTC	<input type="checkbox"/> Delete
NAME	HEUER, MARTIN	
STREET ADDRESS	5402 BEAUMONT CENTER BLVD. #102	
CITY-ST-ZIP	TAMPA, FL 00000	

TITLE	D	<input type="checkbox"/> Delete
NAME	VAN VORIS, JOHN I	
STREET ADDRESS	501 EAST KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL	

TITLE	VSD	<input type="checkbox"/> Delete
NAME	HEUER, RITA M	
STREET ADDRESS	5402 BEAUMONT CENTER BLVD. #102	
CITY-ST-ZIP	TAMPA, FL 00000	

TITLE	V	<input type="checkbox"/> Delete
NAME	HEUER, MARTIN J	
STREET ADDRESS	5402 BEAUMONT CENTER BLVD. #102	
CITY-ST-ZIP	TAMPA FL	

TITLE	V	<input type="checkbox"/> Delete
NAME	HEUER, RONALD J.	
STREET ADDRESS	5402 BEAUMONT CENTER BLVD. #102	
CITY-ST-ZIP	TAMPA FL	

TITLE	V	<input type="checkbox"/> Delete
NAME	SCHUETT, VICTORIA M	
STREET ADDRESS	5402 BEAUMONT CENTER BLVD. #102	
CITY-ST-ZIP	TAMPA FL	

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

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	201 N. Franklin St., 22nd Floor	
CITY-ST-ZIP	Tampa, FL 33602	

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-01-01 813-884-0555

CR2E034 (10/00)