

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90013 033 ***150.00

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DOCUMENT # 502239

1. Entity Name
ARIES SALES, INC.

Principal Place of Business 652 SARANAC DR P.O. BOX 620867 OVIEDO FL 32762-0867 US	Mailing Address 652 SARANAC DR P.O. BOX 620867 OVIEDO FL 32762-0867 US
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80001310



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-1671547	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PREBLER, DENNIS L.
652 SARANAC DR
WINTER SPRINGS FL 32708

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 _____ DATE _____
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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P PREBLER, DENNIS L. 652 SARANAC DR. WINTER SPRINGS FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Dennis L. Prebler* **Dennis L. Prebler** **Pres.** **1/7/02** **407-366-8428**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

10/6/99 9402008