## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 20, 2000 8:00 am DOCUMENT # F9300001412 1. Entity Name Secretary of State AAAA FORWARDING, INC. 01-20-2000 90235 038 \*\*\*150.00 Mailing Address Principal Place of Business 8300 ULMERTON ROAD 8300 ULMERTON ROAD SUITE 112 SUITE 112 00006213 LARGO FL 33771-3801 LARGO FL 33771 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 38-2737638 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CUMMINGS, DEAN C Street Address (P.O. Box Number is Not Acceptable) 8380 ULMERTON ROAD #304 8300 ULMERTUN Rd #112 LARGO FL 34641 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 it applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Pavable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CP ☐ Addition Delete TITLE Change ERIKA E. KYGER 5012 OXFORD AV. N. NAME CUMMINGS, DEAN C NAME STREET ADDRESS 8380 ULMERTON ROAD #304 STREET ADDRESS St. PETERSburg, FL CITY-ST-ZIP CITY-ST-ZIP LARGO FL 34641 ☐ Delete ☑ Change Addition TITLE TITLE DEAN C. COMMINES 8300 ULMERTON RD # 1/2 KYGER, ERIKA E NAME NAME STREET ADDRESS STREET ADDRESS 5012 OXFORD AVE N CITY-ST-ZIP LARGO, FL 33771 CITY-ST-ZIF ST PETERSBURG FL 33710 Addition= -TITLE TITLE - 🔲 . Delete PATOLOIA CUNTIMINIGS NAME NAME 2134 CHNIPUS DR STREET ADDRESS STREET ADDRESS LEAK WHITER, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP