

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90057 022 ***150.00

DOCUMENT # F93000001412

1. Entity Name
AAAA FORWARDING, INC.

Principal Place of Business

**8300 ULMERTON ROAD
SUITE 112
LARGO FL 33771
US**

Mailing Address

**8300 ULMERTON ROAD
SUITE 112
LARGO FL 33771
US**

702479



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **38-2737638**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CUMMINGS, DEAN C
8300 ULLNERTON RD #112
LARGO FL 33771**

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, 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 _____
NAME **S KYGER, ERIKA E** ☐ Delete
STREET ADDRESS **5012 OXFORD AV. N.**
CITY-ST-ZIP **ST. PETERSBURG FL 34641**

TITLE _____
NAME **S ERIKA E. KYGER** ☒ Change ☐ Addition
STREET ADDRESS **5012 OXFORD AV. N.**
CITY-ST-ZIP **ST. PETERSBURG, FL 33710**

TITLE _____
NAME **CP CUMMINES, DEAN C** ☐ Delete
STREET ADDRESS **8300 ULMERTON RD #112**
CITY-ST-ZIP **LARGO FL 33771**

TITLE _____
NAME _____ ☐ Change ☐ Addition
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____
NAME **CUMMINGS, PATRICIA** ☐ Delete
STREET ADDRESS **2134 CHAMPUS DR**
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE _____
NAME **T PATRICIA CUMMINGS** ☒ Change ☐ Addition
STREET ADDRESS **2134 CAMPUS DR**
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE _____
NAME _____ ☐ Delete
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____
NAME _____ ☐ Change ☐ Addition
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____
NAME _____ ☐ Delete
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____
NAME _____ ☐ Change ☐ Addition
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____
NAME _____ ☐ Delete
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____
NAME _____ ☐ Change ☐ Addition
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: **Erika E. Kyger** **ERIKHA E. KYGER** 1-4-01 727-535-4458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)