

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006499

1. Entity Name
AAAAA ENTERPRISES, INC.

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90012 033 ***550.00

Principal Place of Business

7348 NC HWY 222 NORTH
STANTONSBURG NC 27883

Mailing Address

7348 NC HWY 222 NORTH
STANTONSBURG NC 27883

2. Principal Place of Business

7348 NC HWY 222 NORTH

Suite, Apt. #, etc.

N/A

City & State

STANTONSBURG, N.C.

Zip

27883

Country

USA

3. Mailing Address

7348 NC HWY 222 NORTH

Suite, Apt. #, etc.

N/A

City & State

STANTONSBURG, N.C.

Zip

27883

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

56-2030270

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TREVOR, JEAN L
380 N.W. DEARMAN STREET
PORT ST. LUCIE FL 34983

7. Name and Address of New Registered Agent

Name TREVOR, JEAN L.

Street Address (P.O. Box Number is Not Acceptable)

380 N.W. DEARMAN ST.

City

PORT ST. LUCIE,

FL

Zip Code

34983

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME CADWALLADER, EDITH P
STREET ADDRESS 7348 NC HWY 222 NORTH
CITY-ST-ZIP STANTONSBURG NC 27883 ☐ Delete

TITLE ST
NAME CADWALLADER, ROBERT B
STREET ADDRESS 7348 NC HWY 222 NORTH
CITY-ST-ZIP STANTONSBURG NC 27883 ☐ Delete

TITLE D
NAME TREVOR, JEAN L
STREET ADDRESS 380 N.W. DEARMAN STREET
CITY-ST-ZIP PORT ST. LUCIE FL 34983 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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: Edith P. Cadwallader / EDITH P. CADWALLADER 8/1/00 252-235-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)