## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# F98000006499

City-St-Zip:

PORT ST.LUCIE, FL 34983

Entity Name: AAAAA ENTERPRISES, INC.

FILED May 07, 2003 Secretary of State

Current Principal Place of Business:			New Principal Place	of Business:	
	HWY 222 NOR NSBURG, NC				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	HWY 222 NOR NSBURG, NC				
FEI Number	: 56-2030270	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	JEAN L DEARMAN ST . LUCIE, FL 34				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electror	nic Signature of Registered Ag	ent	Date	
	mpaign Financin	g Trust Fund Contribution(). TORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( CADWALLADE 7348 NC HWY STANTONSBUI	222 NORTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST ( CADWALLADE 7348 NC HWY STANTONSBUI	222 NORTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D ( TREVOR, JEAN 380 N.W. DEAI		Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ROBERT B. CADWALLADER ST 05/07/2003