

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G63710

1. Entity Name

A.O.L., INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90022 036 ***150.00

Principal Place of Business

220 S.W. 32 STREET
% JAMES R. LEWIS, RJ.
FT. LAUDERDALE FL 33315-3324

Mailing Address

220 S.W. 32 STREET
% JAMES R. LEWIS, RJ.
FT. LAUDERDALE FL 33315-3324

2. Principal Place of Business

3. Mailing Address

P O BOX 21107

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. LAUDERDALE, FL.

4. FEI Number

59-2354103

Applied For

Not Applicable

Zip

Country

Zip

33335-1107

Country

USA

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

LEWIS, JAMES R. JR.
220 S.W. 32 STREET
FT. LAUDERDALE FL

Name
JOHN E. STEPHENS

Street Address (P.O. Box Number is Not Acceptable)
220 S W 32ND STREET

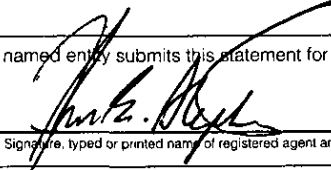
City
FT. LAUDERDALE

FL

Zip Code
33315

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



JOHN E. STEPHENS

3/27/00

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 \$150.00
After MAY 1, 2000 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
PD
LEWIS, JAMES R. JR.
220 S.W. 32 STREET
FT. LAUDERDALE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

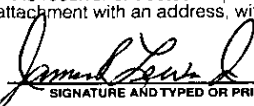
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES R. LEWIS, JR. 3/27/00 (954)523-4371

Date

Daytime Phone #