

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90307 010 \*\*\*150.00

**DOCUMENT # G93480**



1. Entity Name  
**AA AUTOMOTIVE PAINTS, INC.**

Principal Place of Business  
P O BOX 1727  
3126 REYNOLDS ROAD  
EATON PARK FL 33840

Mailing Address  
P O BOX 1727  
3126 REYNOLDS ROAD  
EATON PARK FL 33840

**11020240**



2. Principal Place of Business  
**201 4th St NE**  
Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 202**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Ft Meade**

City & State  
**Bartow, FL**

4. FEI Number **59-2398221**

Applied For  
 Not Applicable

Zip **33841** Country **USA**

Country **USA**

Zip **33831** Country **USA**

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**

**DAVIS, JOSEPH E.**  
**219 NE 1ST ST.**  
**FORT MEADE FL 33580**

Name **Alan Hall**  
Street Address (P.O. Box Number is Not Acceptable)  
**201 4th St NE**  
City **Ft Meade** **FL** Zip Code **33841**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Alan E. Hall* **ALAN E. HALL President** **4-24-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>DAVIS, JOSEPH E.</b>
STREET ADDRESS	<b>291 N.E. 1ST STREET</b>
CITY-ST-ZIP	<b>FORT MEADE FL 33841</b>
TITLE	<b>VS</b> <input type="checkbox"/> Delete
NAME	<b>HALL, ALAN E</b>
STREET ADDRESS	<b>201 N E 4TH STREET</b>
CITY-ST-ZIP	<b>FT MEADE FL 33841</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Hall, Alan E</b>
STREET ADDRESS	<b>201 4th St NE</b>
CITY-ST-ZIP	<b>Ft Meade, FL 33841</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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 10 or Block 11 if changed, or on an attachment with an address, with all other lists empowered.

SIGNATURE: *Alan E. Hall* **Alan E. Hall** **4-24-03** **883-559-0425**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)