

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

0433424 AV

DOCUMENT # G94020

1. Entity Name

A.A.R. COMPANY

02-04-2002 90125 023 ***150.00

Principal Place of Business

Mailing Address

**333 FAULKENBURG RD.
 SUITE C301
 TAMPA FL 33619**

**333 FAULKENBURG RD.
 SUITE C301
 TAMPA FL 33619**



2. Principal Place of Business

3. Mailing Address

— Suite, Apt. #., etc. —

— Suite, Apt. #., etc. —

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-2389124

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

**ANTHONY, GERALD F.
 905 STRAWBERRY LN.
 BRANDON FL 33511**

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

Gerald F. Anthony

Gerald F. ANTHONY President 1/9/02

*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, 2002 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	DP	<input type="checkbox"/> Delete
NAME	ANTHONY, GERALD F.	
STREET ADDRESS	905 STRAWBERRY LANE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ANTHONY, DAVID G	
STREET ADDRESS	205 SUGAR CREEK DR	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ANTHONY, EUNICE R.	
STREET ADDRESS	905 STRAWBERRY LANE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: *Gerald F. Anthony* **Gerald F. ANTHONY** 1/9/02 813 654 0262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)