

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 18, 2001 08:00 AM  
Secretary of State

DOCUMENT # H52508

1. Entity Name  
A AA AUTO HANDLERS, INC.

Principal Place of Business  
2740 SOUTH COMBEE ROAD  
LAKELAND FL 33803 US

Mailing Address  
2740 SOUTH COMBEE ROAD  
LAKELAND FL 33803 US

2. Principal Place of Business  
808-5 WEST CAROLINA STREET

3. Mailing Address  
808-5 WEST CAROLINA STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
TALLAHASSEE FL

City & State  
TALLAHASSEE FL

4. FEI Number  
59-2530404  
Applied For  
Not Applicable

Zip Country  
32304 US

Zip Country  
32304 US

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

ELDRIDGE, MICHAEL RAY  
2740 SOUTH COMBEE ROAD

LAKELAND FL 33803 US

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 \_\_\_\_\_ DATE 01/18/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 PD ☐ Delete  
NAME ELDRIDGE, MICHAEL RAY  
STREET ADDRESS 2740 S. COMBEE RD. STE 2  
CITY-ST-ZIP LAKELAND FL

TITLE PD ☒ Change ☐ Addition  
NAME ELDRIDGE ERICA RPRESIDE  
STREET ADDRESS 808-5 WEST CAROLINA STREET  
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: ERICA ELDRIDGE

PD 01/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)