

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J35452**

1. Entity Name

AMERICAN ACCOUNTING ASSOCIATES, INC.

Principal Place of Business

**% VIOLET M. BRODKA
1800 SE ST LUCIE BLVD BLD 10-303
STUART FL 34996**

Mailing Address

**% VIOLET M. BRODKA
1800 SE ST LUCIE BLVD BLD 10-303
STUART FL 34996**

2. Principal Place of Business

611 S. FEDERAL HWYSuite, Apt. #, etc.
SUITE HCity & State
STUART, FL.Zip
34994Country
MARTIN

3. Mailing Address

611 S. FEDERAL HWYSuite, Apt. #, etc.
SUITE HCity & State
STUART, FL.Zip
34994Country
MARTIN

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2726835**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRODKA, VIOLET M.
1800 SE ST. LUCIE BLVD BLD 10 303
STUART FL 34996**

7. Name and Address of New Registered Agent

Name
JERI A. PAYNEStreet Address (P.O. Box Number is Not Acceptable)
1107 SW ITHACA ST.City
PORT ST. LUCIE, FL. **FL** Zip Code **34983**

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 *Jeri A. Payne VP*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/23/01
DATE9. 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
BRODKA, VIOLET M.
1800 SE ST LUCIE BLVD BLD 10-303
STUART FL 34996** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
BRODKA CARL W
1800 SE ST LUCIE BLVD BLD 10-303
STUART FL 34996** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
CHARLES W. JOHNSTON
169 SOUTHERN LANE
TAZEWELL, TENN.** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
JERI A PAYNE
1107 SW ITHACA ST.
PORT ST. LUCIE, FL. 34983** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
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: *Jeri A. Payne*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/23/01 *561-286-7005*

Daytime Phone #

CR2E034 (10/00)