

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 18, 2000 08:00 AM****Secretary of State****DOCUMENT # J40967****1. Entity Name**

AAA GILLIS ADJUSTMENT AND INVESTIGATION, INC.

Principal Place of Business316 W CENTRAL AVENUE
SUITE 414
WINTER HAVEN
33880 US**Mailing Address**

P.O. BOX 7092

WINTER HAVEN
33883 US**2. Principal Place of Business**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**City & State****Zip****Country****Zip****Country****4. FEI Number****59-2738599****Applied For****Not Applicable****5. Certificate of Status Desired****\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentPEELER, GARY
316 W CENTRAL AVENUE
SUITE 414
WINTER HAVEN
33880 FL**7. Name and Address of New Registered Agent****Name**

GILLIS RAYMOND F

Street Address (P.O. Box Number is Not Acceptable)

316 W CENTRAL AVENUE

SUITE 414City
WINTER HAVEN**FL****Zip Code**
33880**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 RAYMOND F. GILLIS**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

07/18/2000

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**

| TITLE | P | <input checked="" type="checkbox"/> Delete |
|----------------|---------------------------------|--|
| NAME | PEELER GARY | |
| STREET ADDRESS | 316 W CENTRAL AVENUE, #414 | |
| CITY-ST-ZIP | WINTER HAVEN FL 33880 | |
| TITLE | VT | <input type="checkbox"/> Delete |
| NAME | GILLIS, NANCY | |
| STREET ADDRESS | 316 W CENTRAL AVENUE, #414 | |
| CITY-ST-ZIP | WINTER HAVEN FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GILLIS, RAYMOND | |
| STREET ADDRESS | 316 W CENTRAL AVENUE, SUITE 414 | |
| CITY-ST-ZIP | WINTER HAVEN FL | |
| 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 | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|--|-----------------------------------|
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | GILLIS, NANCY | |
| STREET ADDRESS | 316 W CENTRAL AVENUE, #414 | |
| CITY-ST-ZIP | WINTER HAVEN FL | |
| TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | GILLIS, RAYMOND | |
| STREET ADDRESS | 316 W CENTRAL AVENUE, SUITE 414 | |
| CITY-ST-ZIP | WINTER HAVEN FL | |
| 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 | | |
| CITY-ST-ZIP | | |
| 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: RAYMOND F. GILLIS**

DR

07/18/2000