

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90429 025 ***150.00

DOCUMENT # K43655

1. Entity Name

A&A AUTOMOTIVE & WRECKER SER INC.



Principal Place of Business

C/O MICHELE A. HESS

600 OAK STREET

PORT ORANGE FL 32127-1527

Mailing Address

PO BOX 290037

PORT ORANGE FL 32129

2. Principal Place of Business

830 C. Commonwealth Blvd

3. Mailing Address

PO Box 290037

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Orange, FL

City & State

Port Orange, FL

Zip

32127

Country

USA

Zip

32129

Country

USA

6. Name and Address of Current Registered Agent

HESS, MICHELE A.

600 OAK STREET #1

PT. ORANGE FL 32127

4. FEI Number

59-2917310

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



7. Name and Address of New Registered Agent

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

SIGNATURE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PV
HESS, RON
600 OAK STREET #1
PT. ORANGE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SV
HESS, MICHELE
600 OAK STREET #1
PT. ORANGE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
HESS, TRACI
600 OAK STREET #1
PT. ORANGE FL

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michele A. Hess
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/03

386-756-9144

Date

Daytime Phone #