

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91498 006 ***150.00

DOCUMENT # L55157

1. Entity Name
AAA BUILDING SUPPLY, INC.

Principal Place of Business

**964 NW 53 STREET
 FT. LAUDERDALE FL 33309
 US**

Mailing Address

**964 NW 53 STREET
 FT. LAUDERDALE FL 33309
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0175695

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 Agent

**ENLOW, DAVID L.
 4740 NW 65TH AVE.
 LAUDERHILL FL 33319**

7. Name and Address of New Registered Agent

Name **ENLOW, DAVID L.**
 Street Address (P.O. Box Number is Not Acceptable) **9411 NW 1 STREET**
 City **CORAL SPRINGS FL** Zip Code **33071**

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

DAVID L. ENLOW - PRESIDENT 4/16/02
 (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

TITLE	VP <input type="checkbox"/> Delete
NAME	ENLOW, BILLIE E
STREET ADDRESS	3212 NE 12TH STREET #206
CITY-ST-ZIP	POMPAÑO BEACH FL
TITLE	P <input type="checkbox"/> Delete
NAME	ENLOW, DAVID L
STREET ADDRESS	4740 NW 65TH AVE.
CITY-ST-ZIP	LAUDERHILL FL
TITLE	S <input type="checkbox"/> Delete
NAME	ENLOW, MARIA J
STREET ADDRESS	4740 NW 65TH AVE.
CITY-ST-ZIP	LAUDERHILL 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	SAME
STREET ADDRESS	9411 NW 1 STREET
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME
STREET ADDRESS	9411 NW 1 STREET
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
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: **DAVID L. ENLOW**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02 (954) 772-7109
 DATE Daytime Phone #

CR2E034 (9/01)