2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000894

1. Entity Name

AAA BUSINESS SOLUTIONS, L.C.

Principal Place of Business	Mailing Address
3221 CRANLEIGH DRIVE	POST OFFICE BOX 13327
TALLAHASSEE FL 32308	TALLAHASSEE FL 32317

2. Principal Place of Business	**3.** Mailing Address	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number 59-3395770 / Applied For / Not Applicable
Zip / Country	Zip / Country	**5.** Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
BROOKS, JAMES LANDON 3221 CRANLEIGH DRIVE TALLAHASSEE FL 32308	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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

BLT

9. MANAGING MEMBERS / MANAGERS		**10.** ADDITIONS / CHANGES	
TITLE MGR NAME BROOKS, JAMES LANDON STREET ADDRESS 5083 MINT HILL COURT CITY-ST-ZIP TALLAHASSEE FL 32308	☐ Delete	TITLE MANAGER NAME JAMES LANDON BROOKS STREET ADDRESS 3221 Cranleigh Drive CITY-ST-ZIP Tallahassee, FL 32308	☑ Change ☐ Addition
TITLE MGR NAME BROOKS, KATHY STREET ADDRESS 5083 MINT HILL COURT CITY-ST-ZIP TALLAHASSEE FL 32308	☐ Delete	TITLE MANAGER NAME KATHY BROOKS STREET ADDRESS 3221 Cranleigh Drive CITY-ST-ZIP Tallahassee, FL 32308	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 200003415802--0 CITY-ST-ZIP -10/05/00--01114--025 *****55.00 *****55.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (5/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _SIGNATURE REQUIRED_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

9/21/00   Date

850-893-3100   Daytime Phone #