

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000894

1. Entity Name

AAA BUSINESS SOLUTIONS, L.C.

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90381 023 ****50.00

Principal Place of Business

Mailing Address

3221 CRANLEIGH DRIVE
TALLAHASSEE FL 32308

POST OFFICE BOX 13327
TALLAHASSEE FL 32317

8V1040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3124 Shannon Lakes No PO Box 13327

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tallahassee, FL

City & State
Tallahassee FL

4. FEI Number 59-3395770

Applied For
Not Applicable

Zip 32309 Country US

Zip 32317 Country US

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 LONDON
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. 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 \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME BROOKS, JAMES LONDON
STREET ADDRESS 3221 CRANLEIGH DR.
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGR
NAME BROOKS, KATHY
STREET ADDRESS 3221 CRANLEIGH DR.
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ 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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

KATHY BROOKS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/22/02 850-893-3100

CR2E083 (4/02)