

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91283 043 \*\*\*\*61.25

**DOCUMENT # NO1000001529**

1. Entity Name

**AAACSI, INCORPORATED**

Principal Place of Business

Mailing Address

**417 LIDO WAY NE  
ST PETERSBURG FL 33704**

**417 LIDO WAY NE  
ST PETERSBURG FL 33704**

2. Principal Place of Business

**6656 Timberwood Circle**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Pinellas Park FL**

City & State

**FL**

Zip

**33781**

Country

**USA**

Zip

**Same**

Country

4. FEI Number

**59-3718643**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TURNER, ANGELA  
417 LIDO WAY NE  
ST PETERSBURG FL 33704**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-30-02**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **TURNER, MATTHEW E**  
STREET ADDRESS **417 LIDO WAY NE**  
CITY-ST-ZIP **ST PETERSBURG FL 33704**

TITLE **D** ☒ Change ☐ Addition  
NAME **Turner Matthew E**  
STREET ADDRESS **6656 Timberwood Circle**  
CITY-ST-ZIP **Pinellas Park FL 33781**

TITLE **D** ☐ Delete  
NAME **TURNER, ANGELA**  
STREET ADDRESS **417 LIDO WAY NE**  
CITY-ST-ZIP **ST PETERSBURG FL 33704**

TITLE **D** ☒ Change ☐ Addition  
NAME **Turner Angela**  
STREET ADDRESS **6656 Timberwood Circle**  
CITY-ST-ZIP **Pinellas Park FL 33781**

TITLE **D** ☒ Delete  
NAME **DAVIS, DORIS K**  
STREET ADDRESS **417 LIDO WAY NE**  
CITY-ST-ZIP **ST PETERSBURG FL 33704**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 617, 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:

**SIGNATURE: RE: Angela Turner**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/20/02 227-224-1059**

CR2E037 (9/01)