

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003368

1. Entity Name

A.A.R. SERVICES, INC.

Principal Place of Business

11983 N. TAMiami TR.
SUITE 113
NAPLES FL 34110

Mailing Address

11983 N. TAMiami TR.
SUITE 113
NAPLES FL 34110-1601

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

59-5321065

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEAVEY, CHRISTOPHER
11983 N. TAMiami TR.
SUITE 113
NAPLES FL 34110

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.

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 \$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

TITLE P
NAME SEAVEY, CHRISTOPHER
STREET ADDRESS 11983 N TAMiami TRAIL
CITY-ST-ZIP NAPLES FL 34110 ☐ Delete

TITLE T
NAME GILMORE, DAVID
STREET ADDRESS 11983 N TAMiami TRAIL STE 113
CITY-ST-ZIP NAPLES FL 34108 ☐ Delete

TITLE S
NAME THULHS, JOHN
STREET ADDRESS 11983 N TAMiami TRAIL STE 113
CITY-ST-ZIP NAPLES FL 34108 ☐ Delete

TITLE D
NAME DENRING, LINDA
STREET ADDRESS 3488 POINCIANA ST
CITY-ST-ZIP NAPLES FL 34105 ☐ Delete

TITLE D
NAME SINCLAIR, DONALD
STREET ADDRESS 11253 FIRST ST EAST
CITY-ST-ZIP TREASURE ISLAND FL 33707 ☐ Delete

TITLE D
NAME SAVORELLI, SANDRA
STREET ADDRESS 7216 SHAMROCK
CITY-ST-ZIP TAMPA FL 33611 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE S
NAME THULHS, JOHN
STREET ADDRESS 4929 Edith ESPLANADE
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Change ☐ Addition

TITLE D
NAME DENRING, LINDA
STREET ADDRESS 3488 POINCIANA ST
CITY-ST-ZIP NAPLES, FL 34105 ☐ Change ☐ Addition

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

TITLE D
NAME SHARON ALICIA
STREET ADDRESS PO BOX 1050
CITY-ST-ZIP LAKE BUENA VISTA, FL 32830 ☒ Change ☐ Addition

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:

CHRISTOPHER G. SEAVEY

1/31/2000

941-435-401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #