

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003368

1. Entity Name

A.A.R. SERVICES, INC.

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90004 040 ****61.25

Principal Place of Business

11983 N. TAMiami TR.
SUITE 113
NAPLES FL 34110

Mailing Address

11983 N. TAMiami TR.
SUITE 113
NAPLES FL 34110

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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEAVEY, CHRISTOPHER 11983 N TAMiami TRAIL NAPLES FL 34110 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GILMORE, DAVID 11983 N TAMiami TRAIL STE 113 NAPLES FL 34108 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THULTHS, JOHN 4929 EDITH ESPLANADE CAPE CORAL FL 33904 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENRING, LINDA 3488 POINCIANA ST NAPLES FL 34105 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINCLAIR, DONALD 11253 FIRST ST EAST TREASURE ISLAND FL 33707 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALICIA, SHARON P O BOX 1050 LAKE BUENA VISTA FL <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)