2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN 20 PM 3:51

DOCUMENT # N98000003368

1. Entity Name

A.A.R. SERVICES INC.

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
11983 N. TAMIAMI TRL.	11983 N. TAMIAMI TRL.
Suite, Apt. #, etc.: 113	Suite, Apt. #, etc.: 113
City & State: NAPLES FL	City & State: NAPLES FL
Zip: 34110 Country: Collier	Zip: 34110 Country: Collier

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3521065 ☐ 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
CHRISTOPHER SEAVEY 11983 N. TAMIAMI TRL 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PRESIDENT CHRISTOPHER SEAVEY 11983 N. TAMIAMI TRAIL, # 113 NAPLES, FL 34110 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500004466785--0 -07/10/01--01021--005 *****66.25 *****66.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER DAVID GILMORE 11983 N. TAMIAMI TRAIL, STE 113 NAPLES, FL 34110 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER THERESA FINER 11983 N. TAMIAMI TRAIL, STE 113 NAPLES, FLORIDA 34110 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY JOHN THULTHS 4929 E. TH ESPLANADE CAPE CORAL, FL 33904 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY DONALD SINCLAIR 11253 FIRST ST EAST TREASURE ISLAND, FL 33707 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR LINDA DENRING 3488 POINCIANA ST NAPLES, FL 34105 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ALICIA SHANNON PO BOX 1050 LAKE BUENA VISTA FL ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR SHERRY TRIPP 181 MITCHELL'S WAY HYANNIS, MA ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR DONALD SINCLAIR 11253 FIRST ST EAST TREASURE ISLAND FL 33707 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	- - ☐ Change ☐ Addition **SP**

CR2E037 (11/00)

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 Seavey 6/15/01 941-436-7939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #