

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2002 8:00 am**  
**Secretary of State**

02-08-2002 90017 031 \*\*\*\*61.25

**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

2. Principal Place of Business

**1061 COLLIER CENTERWAY**  
 Suite, Apt. #, etc.  
**Suite 6**

3. Mailing Address

**1061 COLLIER CENTERWAY**  
 Suite, Apt. #, etc.  
**Suite 6**

City & State

**NAPLES, FL**

City & State

**NAPLES, FL**

4. FEI Number

**59-3521065**

Applied For

Not Applicable

Zip

**34110**

Country

**COLLIER**

Zip

**34110**

Country

**COLLIER**

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

**SEAVEY, CHRISTOPHER**

Street Address (P.O. Box Number is Not Acceptable)

**1061 COLLIER CENTERWAY**  
**SUITE 6**

City

**NAPLES**

FL

Zip Code

**34110**

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

TITLE ☐ Delete  
 NAME **T FINER, THERESA**  
 STREET ADDRESS **11983 N. TAMiami TRAIL, STE 113**  
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE ☐ Delete  
 NAME **SD SINCLAIR, DONALD**  
 STREET ADDRESS **11253 FIRST ST EAST**  
 CITY-ST-ZIP **TREASURE ISLAND FL 35707**

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

TITLE ☐ Delete  
 NAME **D TRIPP, SHERRY**  
 STREET ADDRESS **181 MITCHELLS WAY**  
 CITY-ST-ZIP **HYANNIS MA**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition  
 NAME **T Finer, Theresa**  
 STREET ADDRESS **9943 Boca aux N**  
 CITY-ST-ZIP **Naples, Florida 34109**

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

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

TITLE ☐ Change ☐ Addition  
 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CHRISTOPHER SEAVEY 1/23/02**  
**901-561-3790**

Date

Daytime Phone #

CR2E037 (9/01)