

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006339

1. Entity Name

AMERICA ASSISTANCE, INC.

01-28-2000 90124 003 ****61.25
N98000006339

FILED

00 JUL 11 PM 12: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

441 PROVIDENCE BLVD.
DELTONA FL 32725

441 PROVIDENCE BLVD.
DELTONA FL 32725-8262

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

59-3627824

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

JAY, JEFFREY C
441 PROVIDENCE BLVD.
DELTONA FL 32725

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 state 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 DP
NAME JAY, JEFFREY C
STREET ADDRESS 441 PROVIDENCE BLVD.
CITY-ST-ZIP DELTONA FL 32725 ☐ Delete

TITLE DVP
NAME SCHORK, CHRISTOPHER F
STREET ADDRESS 441 PROVIDENCE BLVD.
CITY-ST-ZIP DELTONA FL 32725 ☐ Change ☒ Addition

TITLE DST
NAME PIETROWICZ, STEPHANIE K
STREET ADDRESS 441 PROVIDENCE BLVD.
CITY-ST-ZIP DELTONA FL 32725 ☐ Delete

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

TITLE DVP
NAME FREIDELL, TRACY L
STREET ADDRESS 441 PROVIDENCE BLVD.
CITY-ST-ZIP DELTONA FL 32725 ☒ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

I2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-2000

Date

407 574 3032

Daytime Phone #

CR2037 (9/99)