2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P00000056485 DOCUMENT

1. Entity Name

AA COMMERCIAL COMMUNICATIONS, INC.



FILED Feb 06, 2003 8:00 am Secretary of State

02-06-2003 90077 013 ***150.00

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City & Sta			City & State			4. F	El Number 50-3655813	,		Applied For
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3383	30	Country	33830		Country ノSA	5. (Dertificate of Status Desired			
	6. Name	and Address of Current	Registered Agen	ıt		CHECK HERE IF MAKING CHANGES 4. FEI Number 59-3655812 Applied For Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required 7. Name and Address of New Registered Agent ress (P.O. Box Number is Not Acceptable) FL Zip Code gistered agent, or both, in the State of Florida. I am familiar with, and accept				
01441					Name					
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	TRAL AVE.						·	<u> </u>		
WINTER I	HAVEN FL 3	3880								
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the obliga	e named entity ations of regist	y submits this statement to ered agent.	r the purpose of c	hanging its reg	istered office or req	gistered age	ent, or both, in the State of Fi	orida. I ar	n familiar with	n, and accept
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SIGNATURE	Cignature transf									
SIGNATURE	Signature, typed	or printed name of registered agent a	and title if applicable.	(NOTE: Reç	gistered Agent signature re	equired when rei	nstating)	DATE	~~~	
F	Signature, typed	! FEE IS \$150.00	and title if applicable.	(NOTE: Rec	gistered Agent signature re	equired when rei				00
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12. I hereby certify that the information supplied with this filling 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 607, 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

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