

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90040 045 ***150.00

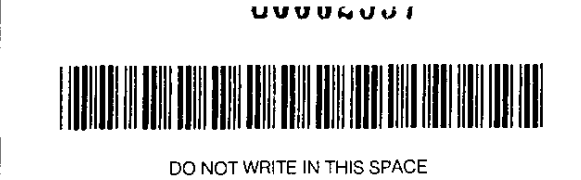
0628564

DOCUMENT # P00000075217
 1. Entity Name
AAA OF SARASOTA, INC.

Principal Place of Business 4301 42ND ST. W. BRADENTON FL 34205	Mailing Address 4301 42ND ST. W. BRADENTON FL 34205
-----------------------------------------------------------------------	-----------------------------------------------------------

2. Principal Place of Business 4881 EDGE MONT COURT Suite, Apt. #, etc.	3. Mailing Address 4881 EDGE MONT COURT Suite, Apt. #, etc.
-------------------------------------------------------------------------------	-------------------------------------------------------------------

City & State SARASOTA FL	City & State SARASOTA FL	4. FEI Number 65-1033702	Applied For Not Applicable
Zip 34233	Country USA	Zip 34233	Country USA



6. Name and Address of Current Registered Agent
LANG, BRADLEY W
400 MADISON DR., SUITE 250
SARASOTA FL 34236

7. Name and Address of New Registered Agent
 Name **KIJNER DANIEL**
 Street Address (P.O. Box Number is Not Acceptable)
4881 EDGE MONT COURT
 City **SARASOTA FL** Zip Code **34233**

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 **Daniel Kijner President CEO** DATE **01/05/2001**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIJNER, DANIEL 4301 42ND ST. W. BRADENTON FL 34205	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - Vice President - Secretary KIJNER MONIQUE born WAINER 4881 EDGE MONT COURT SARASOTA FL 34233	<input type="checkbox"/> Change <input checked="" 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
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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.
 SIGNATURE: **Daniel Kijner President CEO** DATE **01/04/2001** DAYPHONE **(941) 928 2084**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)