

DOCUMENT # P00000081218

1. Entity Name

AAA & HOOVER CORP.

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

01-16-2001 90054 048 ***150.00

Principal Place of Business Mailing Address
 3950 KIAWA DRIVE 3950 KIAWA DRIVE
 ORLANDO FL 32837 ORLANDO FL 32837

2. Principal Place of Business 3. Mailing Address
 7130 S. ORT, SUITE 125 SAME
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 #125 SAME

City & State City & State
 ORLANDO, FLORIDA SAME
 Zip Zip Country Country
 32809 SAME USA SAME

4. FEI Number 59-3668853 Applied For
 Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

YAP, HOOVER
 3950 KIAWA DRIVE
 ORLANDO FL 32837

7. Name and Address of New Registered Agent

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

3950 KIAWA DRIVE

City ORLANDO

FL

Zip Code 32837

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

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 DPST ☐ Delete
 NAME YAP, HOOVER
 STREET ADDRESS 3950 KIAWA DRIVE
 CITY-ST-ZIP ORLANDO FL 32837

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/00)