

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000091135

1. Entity Name

AIM STRATEGIC SOLUTIONS, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90337 044 ***150.00

Principal Place of Business

13245 ATLANTIC BLVD., #4-135
JACKSONVILLE FL 32225

Mailing Address

13245 ATLANTIC BLVD., #4-135
JACKSONVILLE FL 32225

2. Principal Place of Business

1909 HAZELTINE WAY

Suite, Apt. #, etc.

3. Mailing Address

1909 HAZELTINE WAY

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WINTER HAVEN FL

City & State

WINTER HAVEN FL

4. FEI Number

59-3673028

Applied For

Not Applicable

Zip

33881

Country

POLK

Zip

33881

Country

POLK

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

6. Name and Address of Current Registered Agent

DIXON, MELODEE S
 3508 INDIAN CREEK BLVD.
 JACKSONVILLE FL 32259

7. Name and Address of New Registered Agent

Name

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

City

State
A.C.S.

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 Melodee S. Dixon

MELODEE S. DIXON, PRESIDENT

4/25/2001

Signature, typed or printed name of registered agent and the filer, cable

(NOTE: Registered Agent signature required when re-registering)

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	DPS	☐ Delete
NAME	DIXON, MELODEE S	
STREET ADDRESS	13245 ATLANTIC BLVD., #4-135	
CITY-STATE-ZIP	JACKSONVILLE FL 32225	
TITLE	DT	☐ Delete
NAME	DIXON, KENNETH C	
STREET ADDRESS	13245 ATLANTIC BLVD., #4-135	
CITY-STATE-ZIP	JACKSONVILLE FL 32225	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE	DPS	☒ Change ☐ Addition
NAME	MELODEE DIXON, MELODEE S	
STREET ADDRESS	1909 HAZELTINE WAY	
CITY-STATE-ZIP	WINTER HAVEN, FL 33881	
TITLE	DT	☒ Change ☐ Addition
NAME	DIXON, KENNETH C	
STREET ADDRESS	1909 HAZELTINE WAY	
CITY-STATE-ZIP	WINTER HAVEN FL 33881	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Melodee S. Dixon

MELODEE S. DIXON

4/25/2001

904-287-1243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (10/00)