

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90865 027 ***150.00

DOCUMENT # P00000091135

1. Entity Name
AIM STRATEGIC SOLUTIONS, INC.

Principal Place of Business

**1909 HAZELTINE WAY
WINTER HAVEN FL 33881**

Mailing Address

**1909 HAZELTINE WAY
WINTER HAVEN FL 33881**

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

59-3673028

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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]* MSD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/2002

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DPS**
STREET ADDRESS **DIXON, MELODEE S**
CITY-ST-ZIP **1909 HAZELTINE WAY
WINTER HAVEN FL 33881**

TITLE ☒ Change ☐ Addition
NAME **DP**
STREET ADDRESS **DIXON, MELODEE S**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DT**
STREET ADDRESS **DIXON, KENNETH C**
CITY-ST-ZIP **1909 HAZELTINE WAY
WINTER HAVEN FL 33881**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **DS**
STREET ADDRESS **DIXON, SUE ANNE**
CITY-ST-ZIP **1909 HAZELTINE WAY
WINTER HAVEN FL 33881**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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:

Melodee S. Dixon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2002

Date

904-287-1243

Daytime Phone #

CP2E034 (9/01)