

2002 UNIFORM BUSINESS REPORT (UBR)

4/5

FILED
May 12, 2002 8:00 am
Secretary of State

04-05-2002 90001 043 ***150.00

DOCUMENT # P01000003927
 1. Entity Name
A&A AUTO GLASS, INC.

Principal Place of Business Mailing Address
 103 1ST ST. 103 1ST ST.
 WINTER GARDEN FL 34787 WINTER GARDEN FL 34787



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
750 S ORANGE Blossom TR **750 S ORANGE Blossom TRAIL**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
STE 119 **STE 119**
 City & State City & State
Orlando, FL **Orlando, FL**
 Zip Country Zip Country
32805 **Orange** **32805** **Orange**

4. FEI Number Applied For
59-3690415 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

AREVALO, AMADO A 103 1ST ST. WINTER GARDEN FL 34787	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 _____ (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, 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 NAME STREET ADDRESS CITY-ST-ZIP	President Amado A Arevalo 750 S Orange Blossom TRAIL STE 119 Orlando, FL 32805	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		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: _____ **2/28/02** **407-481-9722**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)