

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90029 036 \*\*\*150.00

**DOCUMENT # P01000014150**

**1. Entity Name**  
**AAA WHOLESALE TRANSMISSIONS AND PARTS, INC.**

**Principal Place of Business**

**PO BOX 151759**  
**CAPE CORAL FL 33915**

**Mailing Address**

**PO BOX 151759**  
**CAPE CORAL FL 33915**

**2. Principal Place of Business**

**1056 PINE ISLAND RD**

**3. Mailing Address**

**SAME AS ABOVE**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**City & State**

**CAPE CORAL FL**

**City & State**

**4. FEI Number**

**59-3705707**

**Applied For**

**Not Applicable**

**Zip**

**33909**

**Country**

**USA**

**Zip**

**Country**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**COURTACCESS CENTER OF AMERICA, INC.**  
**3249 W CYPRESS STREET SUITE C**  
**TAMPA FL 33607**

**7. Name and Address of New Registered Agent**

**Name KATHLEEN COMPTON**

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

**1759 FOUR MILE COW**

**City CAPE CORAL**

**FL**

**Zip Code**

**33990**

**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** *Kathleen Compton*

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**04-30-02**

**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**

**TITLE PD**  
**NAME COMPTON, KATHLEEN P**  
**STREET ADDRESS 511 DELL DR**  
**CITY-ST-ZIP SAINT ROSE LA 70087**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

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

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☒ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ 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:** *Kathleen Compton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-02 (941) 574-6277**

Date

Daytime Phone #

CR2E034 (9/01)