

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000029170**
1. Entity Name
AAA HUBCAPS & WHEEL INC.



FILED

03 APR 28 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
37210 US 19 N.
Suite, Apt. #, etc.

3. Mailing Address
& SAME
Suite, Apt. #, etc.

City & State
PALEMBANG - FI

City & State

4. FEI Number
59-3708495

Applied For
Not Applicable

Zip
34684

Country
INDONESIA

Zip

Country

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MARK J. RILEY

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

1105 ADMIRAL DR.

City
DUNEDIN

FL

Zip Code
34698

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **x** **Mark J. Riley**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-27-03

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D MARK J. RILEY
1105 ADMIRAL DR
DUNEDIN, FL - 34698**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**300016325193
04/18/03--01058--012 **150.00**

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **x** **Mark J. Riley**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-03

Date

Daytime Phone #

CR2E034B (12/02)