

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90077 020 ***150.00

0003012 AT

DOCUMENT # P01000113915

1. Entity Name
THE AAE GROUP, INC.

Principal Place of Business
**3018 NW 2ND AVE
GAINESVILLE FL 32607**

Mailing Address
**3018 NW 2ND AVE
GAINESVILLE FL 32607**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
S. A. A.

3. Mailing Address
6942 Marion Ave

Suite, Apt. #, etc.

City & State
Margate, FL

Zip
33063

Country
USA

4. FEI Number
59 375 8609

☒ Applied For
☐ 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

~~FINANCIAL FOUNDATIONS, INC.~~
~~3150 SANDY RIDGE DRIVE~~
~~CLEARWATER FL 33761~~

Name
RALPH E. SCHROEDER

Street Address (P.O. Box Number is Not Acceptable)
6942 Marion Ave.

City
Margate

FL

Zip Code
33063

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 *x* **Ralph E. Schroeder** **PRESIDENT** **4/2/02**
Signature typed or printed name of registered agent and title if applicable (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 | P SCHROEDER, RALPH E 3018 NW 2ND AVE GAINESVILLE FL 32607 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 6942 MARION AVE. MARGATE, FL 33063 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *x* **Ralph E. Schroeder** **PRES.** **4/2/02** **954-419-1618**
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)