

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90185 016 ***158.75

DOCUMENT # P02000032233

1. Entity Name
AA QUIK-FIT ALTERATIONS, INC.



Principal Place of Business

12646 SHANNONDALE CT.

FT. MYERS FL 33913

Mailing Address

12646 SHANNONDALE CT.

FT. MYERS FL 33913

2. Principal Place of Business

16323 SO. TAMIAH TRAIL

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Country

6. Name and Address of Current Registered Agent

A1A CORPORATE SERVICES INC.

218 SOUTHERN COUNTRY LANE

QUINCY FL 32351

4. FEI Number

04-3628038

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



7. Name and Address of New Registered Agent

Name FREDDIE WILLIAMS

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

12646 SHANNONDALE COURT

City

FT. MYERS

FL

Zip Code

33913

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

Freddie Williams FREDDIE WILLIAMS, PRESIDENT 01-13-'03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, FREDDIE 12646 SHANNONDALE CT. FT. MYERS FL 33913 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WILLIAMS, GRACE A 12646 SHANNONDALE CT. FT. MYERS FL 33913 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Freddie Williams FREDDIE WILLIAMS PD 01-13-'03 (239)7880816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)