

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90364 025 ***150.00

DOCUMENT # **P02000049487**

1. Entity Name

AAA TRADING COMPANY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 8003

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 8003

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

AMELIA Island, FL

City & State

AMELIA Island, FL

4. FEI Number

04-3702519

Applied For

Not Applicable

Zip

32035

Country

USA

Zip

32035

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ROY W. KENNEDY, JR

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

1656 SEA DUNES

City

AMELIA Island

FL

Zip Code

32034

**DO NOT WRITE
IN THIS SPACE**

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

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00

Amended UBR is \$81.25

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 **P/D/S**
NAME **SANDY MILLER**
STREET ADDRESS **1656 SEA DUNES**
CITY-ST-ZIP **AMELIA Island, FL 32034**

TITLE **D/VP/T**
NAME **ROY W. KENNEDY, JR**
STREET ADDRESS **1656 SEA DUNES**
CITY-ST-ZIP **AMELIA Island, FL 32034**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)