

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Amended
FILED

04 OCT 21 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000059920

1. Entity Name

AIA Nassau Shed, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

AIA NASSAU Shed inc.

3. Mailing Address

P.O. Box 335

Suite, Apt. #, etc.

463169 SR 200

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

yulee Fl.

City & State

yulee Fl.

4. FEI Number

04-3675921

Applied For

Not Applicable

Zip

32097

Country

NASSAU

Zip

32041

Country

NASSAU

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jerry A. Tomassetti

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

406 Ash St.

City

Yerrandina Bch.

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Secretary
Bill Simmons
353 Manson Lane
Jacksonville, Fl. 32220-2062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500042076975
10/21/04--01061--003 ***61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 lines empowered.

SIGNATURE:

Bill Simmons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-04

Date

904-225-0322

Daytime Phone #

CR2E034B (12/02)