

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000068018

1. Entity Name
AA QUALITY SERVICES, INC.



FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90469 001 ***150.00
04-30-2003 90469 002 *****8.75

Principal Place of Business
10010 SKINNER LAKE DRIVE
#1234
JACKSONVILLE FL 32246

Mailing Address
10010 SKINNER LAKE DRIVE
#1234
JACKSONVILLE FL 32246

2. Principal Place of Business
10010 SKINNER LAKE DR.

3. Mailing Address
10010 SKINNER LAKE DR.

Suite, Apt. #, etc.
APT. 1234

Suite, Apt. #, etc.
APT. 1234

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

Zip 32246 Country USA

Zip 32246 Country USA

4. FEI Number 16-16 25 083

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

ZSOLT, SZABO
10010 SKINNER LAKE DRIVE
#1234
JACKSONVILLE FL 32246

7. Name and Address of New Registered Agent

Name ZSOLT SZABO
Street Address (P.O. Box Number is Not Acceptable)
10010 SKINNER LAKE DR.
City JACKSONVILLE FL Zip Code 32246

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 ZSOLT SZABO

[Signature]

04/28/2003

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

TITLE P
NAME ZSOLT, SZABO
STREET ADDRESS 10010 SKINNER LAKE DRIVE, #1234
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZSOLT SZABO REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/2003 304-662-7563

Date

Daytime Phone #

CR2E034 (10/02)

0036275 AV