

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90110 041 ***150.00

DOCUMENT # P02000115861

1. Entity Name
BIG "A" INVESTMENT CORP.



Principal Place of Business
P O BOX 101387
CAPE CORAL FL 33910

Mailing Address
P O BOX 101387
CAPE CORAL FL 33910



2. Principal Place of Business

3. Mailing Address

1380 Homestead Rd. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lehigh Acres, FL

City & State

4. FEI Number
01-0757392

Applied For
Not Applicable

Zip
33936

Country
U.S.

Zip

Country

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

ALMODOVAR, JUSTO
1901 SAVONA PKWY
CAPE CORAL FL 33904

Name

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

City

FL

Zip Code

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

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
PRESIDENT
JUSTO ALMODOVAR
1901 SAVONA PKWY
CAPE CORAL, FL. 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE-PRESIDENT
BETTY J. GOWLE
105 EAST GREENS
LEHIGH ACRES, FL. 33972

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Sec. & TREASURER
MERCEDES C. ALMODOVAR
1901 SAVONA PKWY
CAPE CORAL, FL. 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUSTO ALMODOVAR

2/25/03

239 850-1276

Date

Daytime Phone #

CR2E034 (10/02)