

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90152 034 ***150.00

0010552 AT

DOCUMENT # P02000135192

1. Entity Name
AA AUTO INSURANCE, INC.



Principal Place of Business
**1104 EAST HINSON AVENUE
HAINES CITY FL 33844
US**

Mailing Address
**1104 EAST HINSON AVENUE
HAINES CITY FL 33844
US**

00010000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3700926

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name **KAREN E. CROSTHWAITE**
Street Address (P.O. Box Number is Not Acceptable)
1104 EAST HINSON AVENUE
City **HAINES CITY** FL Zip Code **33844**

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 Karen E. Crosthwaite **KAREN E. CROSTHWAITE, PRES. 4.10.03**
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,S CROSTHWAITE, KAREN P.O. BOX 1713 HAINES CITY FL 33845 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROSTHWAITE, KAREN P.O. BOX 1713 HAINES CITY FL 33845 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,T CROSTHWAITE, WALTER P.O. BOX 1713 HAINES CITY FL 33845 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROSTHWAITE, WALTER P.O. BOX 1713 HAINES CITY FL 33845 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Karen E. Crosthwaite **4.10.03** **863.422.4941**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)