

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

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90098 002 ***150.00

DOCUMENT # P03000092893	
1. Entity Name	
A AND E MANAGEMENT CORP SERVICES	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business PO BOX 615		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ARIPEKA, FL		City & State	
Zip 34679-9061	Country	Zip	Country

4. FEI Number 03-0525497	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name ANDREW TOCCO	
Street Address (P.O. Box Number is Not Acceptable) PO BOX 615	
City ARIPEKA	FL
Zip Code 34679	

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 ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ANDREW TOCCO PO BOX 615 ARIPEKA, FL 34679
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT PENNY TOCCO PO BOX 615 ARIPEKA, FL 34679
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11.

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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Andrew Tocco

3-7-07 727 740362