

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

FILED ATX1
Mar 18, 2008 08:00 A
Secretary of State

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

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

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

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

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Andrew Tocco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-08 1277410968

Date

Daytime Phone #