

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90080 027 \*\*\*158.75

0651598 AV

**DOCUMENT # P92000006388**

1. Entity Name

**AGGRESSIVE INVESTMENT AND PROPERTY MANAGEMENT, NC.**



Principal Place of Business  
2950 NORTH BEACH ROAD  
UNIT A324  
ENGLEWOOD FL 34223

Mailing Address  
2950 NORTH BEACH ROAD  
UNIT A324  
ENGLEWOOD FL 34223

2. Principal Place of Business

3. Mailing Address

5220 Brittany Dr.

PO Box 4291

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#5 Apt 304

City & State  
St. Petersburg FL

City & State  
Akron Ohio

4. FEI Number 65-0371748

Applied For

Not Applicable

Zip  
33715

Country  
Panama

Zip  
44321

Country  
Summit

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

FRAZIER, ROBERT C  
2950 NORTH BEACH ROAD  
UNIT A324  
ENGLEWOOD FL 34223

Name  
Frazier Robert C

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

5220 Brittany Dr #5 Apt 304

City  
St Petersburg

FL

Zip Code  
33715

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 *Robert C Frazier*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-7-03

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  
PCD  
FRAZIER, ROBERT C  
2950 N BEACH ROAD UNIT A324  
ENGLEWOOD FL 34223 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
FRAZIER, KATHLEEN M  
2950 N BEACH ROAD UNIT A324  
ENGLEWOOD FL 34223 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ 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:

*Robert C Frazier* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-03

Date

804 3 67 3742 1.15-0

Daytime Phone #

CR2E034 (10/02)