

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

AMENDED FILED

02 DEC 10 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000041341**

1. Entity Name

**A ABA AMERICAN AUTO INSURANCE OF EUSTIS, INC**

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**407 Highway 441**

Suite, Apt. #, etc.

3. Mailing Address

**545 N Umatilla Blvd**

Suite, Apt. #, etc.

City & State  
**Eustis FL**

City & State  
**Umatilla FL**

4. FEI Number  
**59-3188286**

Applied For  
Not Applicable

Zip  
**32726**

Country

Zip  
**32784**

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**Terry E Olson**

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

**545 N Umatilla Blvd**

City  
**Umatilla FL** Zip Code  
**32784**

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.

SIGNATURE

**12/06/02**

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO/Director/Officer Terry E Olson 545 N Umatilla Blvd Umatilla FL 32784</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President/Director/Officer Randall E Mikell 545 N Umatilla Blvd Umatilla FL 32784</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President/Director/Off Eric Olson 545 N Umatilla Blvd Umatilla FL 32784</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>700009425357 12/10/02--01006--001 **\$61.25</b>
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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/06/02**

Date

Daytime Phone #