

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000051884

1. Entity Name

A & A OF TAMPA, INCORPORATED

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90114 036 ***150.00

Principal Place of Business

Mailing Address

5364 EHRlich RD
 STE 165
 TAMPA FL 33625
 US

5364 ENHRlich RD
 STE 165
 TAMPA FL 33625
 US

2. Principal Place of Business

3. Mailing Address

4532 W. Kennedy Blvd.

4532 W. Kennedy Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

131

131

City & State

City & State

TAMPA, FL

TAMPA, FL

Zip

Country

Zip

Country

33609-2042

USA

33609-2042

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3193242

Applied For

Not Applicable

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

MEDEL, LOUIS J III
 5364 EHRlich RD
 STE 165
 TAMPA FL 33624

Name

Terry Scaglione

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

4532 W. Kennedy Blvd

131

City

TAMPA

FL

Zip Code

33609-2042

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

John Alite - President 2/25/00

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
 (See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
 NAME ALITE, JOHN
 STREET ADDRESS 210 ROUTE 73
 CITY-ST-ZIP VOORHEES NJ

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE P
 NAME MEDEL, LOUIS J. III
 STREET ADDRESS 5364 EHRlich RD STE 165
 CITY-ST-ZIP TAMPA FL 33624

TITLE President
 NAME Terry Scaglione
 STREET ADDRESS 4532 W. Kennedy Blvd #131
 CITY-ST-ZIP TAMPA FL 33609-2042

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Alite 2/25/00

Date

800-896-PARK

Daytime Phone #

CR2E034 (9/99)