

DOCUMENT # P94000052679

1. Entity Name

AAA NETWORK RECOVERY, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90008 002 ***150.00

Principal Place of Business

Mailing Address

4550 35TH ST-N
ST PETERSBURG FL 33714
US

P O BOX 673
PINELLAS PARK FL 33780-0673
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3254133

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROPER, MICHELE R

~~80 80TH AVE NE~~

~~ST PETE FL 33702~~

Change Address
Only

Name

Roper, Michele R.

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

12200 93rd St. N.

City

Largo

FL

Zip Code

33773

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME PD
STREET ADDRESS ROPER, HARLEY J JR.
CITY-ST-ZIP ~~80 80TH AVE NE~~
~~ST PETE FL 33702~~ ☐ Delete

TITLE
NAME
STREET ADDRESS 12200 93rd St. N
CITY-ST-ZIP Largo, FL 33773 ☒ Change ☐ Addition
Address only

TITLE
NAME STMD
STREET ADDRESS ROPER, MICHELE R
CITY-ST-ZIP ~~80 80TH AVE NE~~
~~ST PETE FL 33702~~ ☐ Delete

TITLE
NAME
STREET ADDRESS 12200 93rd St. N
CITY-ST-ZIP Largo, FL 33773 ☒ Change ☐ Addition
Address only

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michele R. Roper 4-18-00 548-6789

CR2E034 (9/99)