

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90027 011 \*\*\*150.00

0465999 AV

**DOCUMENT # P94000052679**

1. Entity Name

**AAA NETWORK RECOVERY, INC.**

Principal Place of Business

**4550 35TH ST N  
ST PETERSBURG FL 33714  
US**

Mailing Address

**P O BOX 673  
PINELLAS PARK FL 33780-0673  
US**

2. Principal Place of Business

3. Mailing Address

**9150 54<sup>th</sup> way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Pinellas Park, FL**

4. FEI Number

**59-3254133**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33782**

**US**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ROPER, HARLEY J JR  
12200 93RD ST N  
LARGO FL 33773**

7. Name and Address of New Registered Agent

Name **Ronald Alan Powell**

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

**9150 54<sup>th</sup> way**

City

**Pinellas Park**

**FL**

Zip Code

**33782**

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

*Ronald A Powell*

**3-19-02**

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, 2002 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

TITLE **PD** ☒ Delete  
NAME **ROPER, HARLEY J JR.**  
STREET ADDRESS **12200 93RD STREET N**  
CITY-ST-ZIP **LARGO FL 33773**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDST** ☐ Change ☒ Addition  
NAME **Ronald Alan Powell**  
STREET ADDRESS **9150 54<sup>th</sup> way**  
CITY-ST-ZIP **Pinellas Park, FL 33782**

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

*Ronald A Powell*

**3-19-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)