

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000091081

1. Entity Name
AAA PROPERTY MANAGEMENT OF BREVARD, INC.

Principal Place of Business
7350 TALONA AVE.
SUITE A
WEST MELBOURNE FL 32904

Mailing Address
7350 TALONA AVE.
SUITE A
WEST MELBOURNE FL 32904

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

ARMSTRONG, APRIL M
7350 TALONA AVE.
SUITE A
WEST MELBOURNE FL 32904

4. FEI Number 59-3288228

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 *April M. Armstrong* APRIL M. ARMSTRONG 8-13-01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME ARMSTRONG, APRIL M
STREET ADDRESS 7350 TALONA AVE., SUITE A
CITY-ST-ZIP WEST MELBOURNE FL 32904

TITLE D
NAME ARMSTRONG, DAVID W
STREET ADDRESS 7350 TALONA AVE., SUITE A
CITY-ST-ZIP WEST MELBOURNE FL 32904

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Dennis, April A
STREET ADDRESS 7350 Talona Ave., Suite A
CITY-ST-ZIP West Melbourne, FL 32904

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 *April M. Armstrong* APRIL M. ARMSTRONG

FILED
Aug 31, 2001 8:00 am
Secretary of State
08-31-2001 90115 032 ***550.00



DO NOT WRITE IN THIS SPACE

0019113 AV

CR2E034 (5/01)