

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91564 020 \*\*\*150.00

**DOCUMENT # P95000048767**

1. Entity Name

**AAA MARKETING INT'L, INC.**

Principal Place of Business

10214 TARPON DR  
 TREASURE ISLAND FL 33706  
 US

Mailing Address

10214 TARPON DR  
 TREASURE ISLAND FL 33706  
 US

2. Principal Place of Business

**5860 Mariposa Dr.**

3. Mailing Address

**5860 Mariposa Dr.**

Suite, Apt. #, etc.

**HOLIDAY**

Suite, Apt. #, etc.

**HOLIDAY**

City & State

**FL**

City & State

**FL**

Zip

**34690**

Country

**PASCO**

Zip

**34690**

Country

**PASCO**

6. Name and Address of Current Registered Agent

**ST. GERMAIN, ROSE**  
**10214 TARPON DR**  
**TREASURE ISLAND FL 33706**

7. Name and Address of New Registered Agent

Name

**Rose ST. Germain**

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

**5860 Mariposa Dr.**

City

**HOLIDAY**

FL

Zip Code

**34690**

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

**5/11/01**

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 \$150.00**  
**After MAY 1, 2001 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	<b>PSTD</b>	<input type="checkbox"/> Delete
NAME	<b>ST. GERMAIN, ROSE</b>	
STREET ADDRESS	<b>10214 TARPON DR</b>	
CITY-ST-ZIP	<b>TREASURE ISLAND FL</b>	
TITLE	<b>PSTI</b>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ST. GERMAIN, ROSE**

5/11/01

Date

(727)

939-XXXX

Business Phone

CR2E034 (10/00)