

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000051035

1. Entity Name

AAC MARKETING, INC.

FILED
Aug 16, 2000 8:00 am
Secretary of State

08-16-2000 90012 035 ***550.00

Principal Place of Business

3701 C.R. 544
 1930 LARS SJOBORG BLVD
 HAINES CITY FL 33844
 US

Mailing Address

3701 C.R. 544
 1930 LARS SJOBORG BLVD
 HAINES CITY FL 33844
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2190093

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHMIDT, SYLVESTER
 1930 LARS SJOBORG BLVD
 HAINES CITY FL 33844

7. Name and Address of New Registered Agent

Name

William Abbate

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

3701 C.R. 544 East

City

Haines City, FL 33844

Zip Code

Haines City FL 33844

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 \$550.00

After SEPTEMBER 13, 2000 Min. 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SCHMIDT, SYLVESTER 108 LAKEREGION BLVD., NORTH WINTER HAVEN FL 33884	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS SAVANT, DAVID 1152 INTERLOCHEN BLVD WINTER HAVEN FL 33884	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LEIST, MANFRED HORNSTRASSE 3 D-80797 MUNICH GE	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Abbate, William 2566 Partridge Drive Winter Haven, FL 33884	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPF Brady, Douglas J. 2621 Deer Rack Lane Lakeland, FL 33811	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPE Barnett, Ronald 1003 Shawnda Lane Kissimmee, FL 34744	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO Woodard, Jason 114 Waldemar Court Winter Haven, FL 33884	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20034 (5/00)