

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000051035

1. Entity Name

AAC MARKETING, INC.

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

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 Douglas J. Brady

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

3701 County Road 544 East

City Haines City

FL

Zip Code 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 reorganizing)

DATE

Douglas J. Brady Vice President - Finance 3/25/01

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 PD  
NAME SCHMIDT, SYLVESTER  
STREET ADDRESS 108 LAKEREGION BLVD., NORTH  
CITY-ST-ZIP WINTER HAVEN FL 33884 ☒ Delete

TITLE VTS  
NAME SAVANT, DAVID  
STREET ADDRESS 1152 INTERLOCHEN BLVD  
CITY-ST-ZIP WINTER HAVEN FL 33884 ☒ Delete

TITLE C  
NAME LEIST, MANFRED  
STREET ADDRESS HORNSTRASSE 3  
CITY-ST-ZIP D-80797 MUNICH GE ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME William W. Abbate  
STREET ADDRESS PO Box 561  
CITY-ST-ZIP Haines City, FL 33844 ☒ Change ☐ Addition

TITLE VTS  
NAME Douglas J. Brady  
STREET ADDRESS 3701 County Road 544 East  
CITY-ST-ZIP Haines City, FL 33844 ☒ Change ☐ Addition

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

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

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

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President - Finance

3/25/01

Date

864 4194240

Daytime Phone #

FILED  
Apr 04, 2001 8:00 am  
Secretary of State

04-04-2001 90128 022 \*\*\*150.00

041073



DO NOT WRITE IN THIS SPACE

4. FEI Number **58-2190093**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

CR2E034 (10/00)