

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90134 049 \*\*\*150.00

0414988 AV

**DOCUMENT # P95000056521**  
 1. Entity Name  
**AAA SPRAYAWAY OF TAMPA BAY, INC.**

Principal Place of Business 20500 COT RD 428 LUTZ FL 33549 US	Mailing Address 20500 COT RD 428 LUTZ FL 33549 US
---	---

2. Principal Place of Business 20500 Cot Rd Suite, Apt. #, etc. # 428	3. Mailing Address 20500 Cot Rd. Suite, Apt. #, etc. # 428
--	---

City & State Lutz FL	City & State Lutz FL	4. FEI Number 59-3319228	Applied For Not Applicable
Zip 33558	Country USA	Zip 33558	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**SHUPARD, SHARON A**  
 20500 COT ROAD #428  
 LUTZ FL 33549

7. Name and Address of New Registered Agent  
 Name: **Shupard, Sharon A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**20500 Cot Rd.**  
**# 428**  
 City: **Lutz** FL Zip Code: **33558**

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: *Sharon A. Shupard* DATE: **3-18-02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SHUPARD, SHARON A</b> <b>20500 COT ROAD #428</b> <b>LUTZ FL 33549</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SHUPARD, EDGAR R</b> <b>20500 COT ROAD #428</b> <b>LUTZ FL 33549</b>	<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
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	<b>President</b> <b>Shupard, Sharon A</b> <b>20500 Cot Road #428</b> <b>Lutz FL 33558</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Shupard, Edgar R</b> <b>20500 Cot Road #428</b> <b>Lutz FL 33558</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: *Sharon A. Shupard* DATE: **3-18-02** DAYTIME PHONE #: **(813) 949-7007**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)