

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000056633

1. Entity Name

AAA BUSINESS CENTERS, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90050 022 ***150.00

Principal Place of Business
740 FL CENTRAL PKY
STE 2008
LONGWOOD FL 32750

Mailing Address
740 FL CENTRAL PKY
STE 2008
LONGWOOD FL 32750-7653

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 **59-3324815**

Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOUTWELL, CONNIE
925 PINE HILL BLVD
GENEVA FL 32732

Name
Street Address (P.O. Box Number is Not Acceptable)
520 Red Bird Place
City **Geneva** FL Zip Code **32732**

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. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	TATUM, M. RAY	
STREET ADDRESS	740 FL CENTRAL PKY STE 2008	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	P	<input type="checkbox"/> Delete
NAME	JOHNSON, TOM	
STREET ADDRESS	740 FL CENTRAL PKY STE 2008	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, AMY	
STREET ADDRESS	740 FL CENTRAL PKY STE 2008	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOUTWELL, TRAVIS	
STREET ADDRESS	925 PINE HILL BLVD	
CITY-ST-ZIP	GENEVA FL 32732	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOUTWELL, CONNIE	
STREET ADDRESS	925 PINE HILL BLVD	
CITY-ST-ZIP	GENEVA FL 32732	
TITLE		<input type="checkbox"/> Delete
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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Boutwell, Travies	
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		
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

Date

Daytime Phone #

TE Johnson **4-26-00** **4078347752**

CR2E034 (9/99)