

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90047 005 ***150.00

DOCUMENT # P95000056633

1. Entity Name

AAA BUSINESS CENTERS, INC.



Principal Place of Business

740 FL CENTRAL PKY
STE 2008
LONGWOOD FL 32750

Mailing Address

740 FL CENTRAL PKY
STE 2008
LONGWOOD FL 32750

2. Principal Place of Business

740 FL Central PKY

Suite, Apt. #, etc.
Suite 2024

City & State

Longwood FL

Zip

32750

Country

Seminole

3. Mailing Address

740 FL Central PKY

Suite, Apt. #, etc.

Suite 2024

City & State

Longwood FL

Zip

32750

Country

Seminole

94026646



MOORE

CR2E034 (11/03)

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

OVERBY, BRIAN J
869 SILVERWOOD DRIVE
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME TATUM, M. RAY
STREET ADDRESS 740 FL CENTRAL PKY STE 2008
CITY-ST-ZIP LONGWOOD FL 32750

TITLE P ☐ Delete
NAME JOHNSON, TOM
STREET ADDRESS 740 FL CENTRAL PKY STE 2008
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ST ☐ Delete
NAME JOHNSON, AMY
STREET ADDRESS 740 FL CENTRAL PKY STE 2008
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 740 FL Central PKY Ste 2024
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 740 FL Central PKY Ste. 2024
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 740 FL Central PKY Ste. 2024
CITY-ST-ZIP

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

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

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

12. 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 10 or Block 11 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 #

3/5/04 407 331-5866