

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90205 004 \*\*\*150.00

**DOCUMENT # P95000091511**

**1. Entity Name**  
**AAA ISLAND PROPERTY SERVICES, INC.**

**Principal Place of Business**      **Mailing Address**  
**11260 7TH ST E**      **11260 7TH ST E**  
**TREASURE ISLAND FL 33706**      **TREASURE ISLAND FL 33706**



**2. Principal Place of Business**      **3. Mailing Address**  
*6711 Date Palm Ave S.*      *6711 Date Palm Ave S.*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**      **City & State**      **4. FEI Number**      **Applied For**  
*St. Petersburg, FL*      *St. Petersburg, FL*      **59-3351086**       Not Applicable  
**Zip**      **Country**      **Zip**      **Country**  
*33707*      *Pineellas*      *33707*      *Pineellas*  
**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**

**DOWLING, ROBERT W**  
**11260 7TH ST E**  
**TREASURE ISLAND FL 33706**

**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
*6711 Date Palm Ave S.*  
**City**      **FL**      **Zip Code**  
*St. Petersburg, FL*      *33707*

**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**      *Robert W. Dowling*      **DATE**      *4/23/02*  
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete <b>DOWLING, ROBERT W</b> <b>11260 7TH ST E</b> <b>TREASURE ISLAND FL 33706</b>	TITLE <i>P Dowling, Robert W.</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>6711 Date Palm Ave S</i> <i>St. Petersburg, FL 33707</i>
TITLE <b>SVP</b>	<input type="checkbox"/> Delete <b>DOWLING, NANCY R</b> <b>11260 7TH ST E</b> <b>TREASURE ISLAND FL</b>	TITLE <i>SVP Nancy Dowling</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>6711 Date Palm Ave S</i> <i>St. Petersburg, FL 33707</i>
TITLE <b>VP</b>	<input type="checkbox"/> Delete <b>DOWLING, MICHAEL L</b> <b>11260 7TH ST E</b> <b>TREASURE ISLAND FL</b>	TITLE <i>VP Dowling, Michael</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>6711 Date Palm Ave S</i> <i>St. Petersburg, FL 33707</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<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 officers empowered.**

**SIGNATURE:**      *Robert W. Dowling*      **Date**      *(727) 343-1951*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

000001

000001

CR2E034 (9/01)