

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90111 021 ***150.00

04/7890 AV

DOCUMENT # P95000091511

1. Entity Name
AAA ISLAND PROPERTY SERVICES, INC.



Principal Place of Business
**6711 DATE PALM AVE S
SAINT PETERSBURG FL 33707**

Mailing Address
**6711 DATE PALM AVE S
SAINT PETERSBURG FL 33707**

2. Principal Place of Business
138-107th Ave

3. Mailing Address
138-107th Ave


Suite, Apt. #, etc.
Box 111

City & State
TREASURE ISLAND

City & State
TREASURE ISLAND

Zip
33706

Country
Pinellas



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3351086** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DOWLING, ROBERT W
6711 DATE PALM AVE S
SAINT PETERSBURG FL 33707**

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 *Robert W. Dowling, President* DATE *4/10/03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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*	P <input type="checkbox"/> Delete
NAME	DOWLING, ROBERT W
STREET ADDRESS	6711 DATE PALM AVE S
CITY-ST-ZIP	SAINT PETERSBURG FL 33707
TITLE	SVP <input type="checkbox"/> Delete
NAME	DOWLING, NANCY R
STREET ADDRESS	6711 DATE PALM AVE S
CITY-ST-ZIP	SAINT PETERSBURG FL 33707
TITLE	VP <input type="checkbox"/> Delete
NAME	DOWLING, MICHAEL L
STREET ADDRESS	6711 DATE PALM AVE S
CITY-ST-ZIP	SAINT PETERSBURG FL 33707
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 type="checkbox"/> Change <input type="checkbox"/> 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: *Robert W. Dowling* DATE: *4/10/03 (127) 363-7516*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)