

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000028910

1. Entity Name

AAA BEARING & SUPPLY CO., INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90351 035 \*\*\*150.00

Principal Place of Business

Mailing Address

41 RAMONA STREET  
 PONTE VEDRA BEACH FL 32082

41 RAMONA STREET  
 PONTE VEDRA BEACH FL 32082-2820

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3382228**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENNON, CYNTHIA T  
 41 RAMONA STREET  
 PONTE VEDRA BEACH FL 32082

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.

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. (See criteria on back) ☐

**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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 V  
 KENNON, RONALD C  
 41 RAMONA STREET  
 PONTE VEDRA BEACH FL

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Kenyon, Cynthia  
 41 Ramona St  
 Ponte Vedra Beach, FL 32082

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
~~R  
 Kenyon, Cynthia  
 41 Ramona St  
 Ponte Vedra Beach, FL 32082~~

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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: *Ron Kennon* Ron Kennon  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/28/00 Daytime Phone #: 9042460003

CR2E034 (9/99)