

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000034339

1. Entity Name

AOS OF PENSACOLA, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90204 016 ***150.00

Principal Place of Business
200 NEW TOWN CORPORATE CENTER
4491 SOUTH STATE ROAD 7
FORT LAUDERDALE FL 33314

Mailing Address
200 NEW TOWN CORPORATE CENTER
4491 SOUTH STATE ROAD 7
FORT LAUDERDALE FL 33314-4048

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 208

Suite, Apt. #, etc.

Suite 208

City & State

City & State

4. FEI Number 65-0672763

Applied For
Not Applicable

Zip Country

Zip Country

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

BOISVERT, LOUIS
4491 S SR 7
~~200~~
FT LAUDERDALE FL 33314

Name
Stark Barry
Street Address (P.O. Box Number is Not Acceptable)
8181 W. Broward Blvd
Suite 255
Plantation FL 33324

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 PD
NAME STARK, BARRY
STREET ADDRESS 4491 S. STATE RD. STE 200 208
CITY-ST-ZIP FORT LAUDERDALE FL 33314 ☐ Delete

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

TITLE DVP
NAME BOISVERT, LOUIS W III
STREET ADDRESS 4491 SOUTH STATE ROAD 7, Ste. 208
CITY-ST-ZIP FORT LAUDERDALE FL 33314 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)