

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90078 002 ***150.00

DOCUMENT # P96000042978

1. Entity Name
~~CARDSERVICE UNIVERSAL, INC.~~
 AAA UNIVERSAL, INC

CHANGED NAME OF Corp 12/00
 AND ADDRESS

Principal Place of Business
~~180 TOPANGA DRIVE~~
~~BONITA SPRINGS FL 33134~~
 6794 Old BANYAN WAY
 NAPLES, FL 34109

Mailing Address
~~180 TOPANGA DRIVE~~
~~BONITA SPRINGS FL 33134~~
 6794 Old BANYAN WAY
 NAPLES, FL 34109

2. Principal Place of Business
 6794 Old BANYAN WAY
 Suite, Apt. #, etc.

3. Mailing Address
 6794 Old BANYAN WAY
 Suite, Apt. #, etc.

City & State
 NAPLES Florida
 Zip 34109 Country USA

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 NAPLES Florida
 Zip 34109 Country USA

4. FEI Number 65-0670069
 Applied For
 Not Applicable

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

ROSEN, THOMAS D
~~180 TOPANGA DRIVE~~
~~BONITA SPRINGS FL 33134~~

Name ROSEN, THOMAS D.
 Street Address (P.O. Box Number is Not Acceptable)
 6794 Old BANYAN WAY
 City NAPLES FL Zip Code 34109

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]* DATE 1/2/00
 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, 2001 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	B ROSEN, THOMAS D 180 TOPANGA DRIVE BONITA SPRINGS FL 33134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ROSEN, THOMAS D 6794 Old BANYAN WAY NAPLES, FL 34109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 an other like empowered.

SIGNATURE: *[Signature]* Date Daytime Phone #

CR2E034 (10/00)