

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # *P96000050915*

1. Entity Name

AAA Homebuyers, Inc



03 SEP 29 AM 9:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1241 S MC Duff Ave

3. Mailing Address

PO Box 28305

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville FL

City & State

JACK, FL

4. FEI Number

59-338-3480

Applied For

Not Applicable

Zip

Country

32205

Zip

Country

32226

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Patricia Ann Koon

Street Address (P.O. Box Number is Not Acceptable)

1241 S MC Duff Ave

City

Jacksonville

FL

32226

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
*Vice President
Patricia Koon
1241 S MC Duff Ave 32226*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*800020752948
06/10/03--01031--003 **400.00*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Son FL

TITLE
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CITY-ST-ZIP
*800020752948
06/10/03--01031--004 **150.00*

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia A Koon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-3-03 *904-751-4546*
Date Daytime Phone

CR2034B (12/02)