

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000068570

1. Entity Name

AES OF ORLANDO, INC.

Principal Place of Business

Mailing Address

478 EAST ALTAMONTE DR, SUITE 108-307  
ALTAMONTE SPRINGS, FL 32701-4615

2. Principal Place of Business

1661 AVALON BLVD.

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 180802

Suite, Apt. #, etc.

City & State

CASSELBERRY, FL

Zip

Country

USA

City & State

CASSELBERRY, FL

Zip

32718-0802

Country

USA

4. FEI Number

59-3393239

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

POHL, FRANK L. ESQ.  
280 WEST CANTON AVE., SUITE 410  
WINTER PARK, FL 32789

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.

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, 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

TITLE PROCTOR, NELSON ☐ Delete  
NAME  
STREET ADDRESS 478 EAST ALTAMONTE DR  
CITY-ST-ZIP SUITE 108-307  
ALTAMONTE SPRINGS, FL 32701

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D PROCTOR, NELSON ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1661 AVALON BLVD  
CITY-ST-ZIP CASSELBERRY, FL 32707

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

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

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

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

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

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:

W. Nelson Proctor / W. Nelson Proctor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01

Date

(407) 805-6827

Daytime Phone #

FILED

May 01, 2001 8:00 am  
Secretary of State

05-01-2001 90108 014 \*\*\*150.00

A0060896

DO NOT WRITE IN THIS SPACE

CR2E034 (1/1/00)