

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000092493

1. Entity Name

AEC NATIONAL, INC.

FILED

01 MAR -1 AM 10: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5150 TAMiami TRAIL NORTH
SUITE 600
NAPLES FL 34103

Mailing Address
5150 TAMiami TRAIL NORTH
SUITE 600
NAPLES FL 34103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE
02/06/01 90311 020 15878
4. FEI Number 59-3409583

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

MENZIES, ROBERT G ESQ.
C/O ROETZEL & ANDRESS
850 PARK SHORE DRIVE, 3RD FLOOR
NAPLES FL 34103

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's 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
CSTD
VOINOVICH, PAUL V
3794 CRACKER WAY, S.W.
BONITA SPRINGS FL 34134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Manager of Architecture
Charles M. Newman
2407 Sycamore St.
St. James City, FL 33956 ☐ Change ☒ Add

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PD
NUNNER, JEFFREY A
3871 MIDSHORE DRIVE
NAPLES FL 34109 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VD
KEAGLER, HARRY D
8890 FOX HILL DRIVE
KIRTLAND OH 44094 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Add

TITLE
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul V. Voinovich, Chairman 01/17/01 (941)263-371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed