

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P9700085437**

1. Entity Name
AAA-APOPKA BONDING AGENCY INC.

Principal Place of Business
**3001 W 39TH ST
ORLANDO FL.
32809**

Mailing Address
**P.O. BOX 415
PLYMOUTH FL.
32768**

FILED

00 MAY -9 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
5/9/00 90142/019 \$150.00

4. FEI Number

39-3478575

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

**WILLIAM H. THOMPSON
2216 PLYMOUTH SORRENTO RD.
APOPKA FL.
32703**

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 reappointing)

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: \$150.00

After MAY 1, 2000, Fee will be \$500.00

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 **PRES.** ☐ Delete
NAME **WILLIAM H. THOMPSON**
STREET ADDRESS **2216 PLYMOUTH SORRENTO RD.**
CITY-ST-ZIP **APOPKA FL. 32703**

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

TITLE **SEC. TREAS. - VIC. PRES.** ☐ Delete
NAME **NELLIE D. THOMPSON**
STREET ADDRESS **2216 PLYMOUTH SORRENTO RD.**
CITY-ST-ZIP **APOPKA FL. 32703**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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)(b), 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:

William H. Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00 407-880-8281

Date

Daytime Phone #

CR2E034 (9/99)

5/22