

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093433

1. Entity Name

A-A PAINT & BODY, INC.

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90043 029 ***150.00

Principal Place of Business

3800 NAVY BLVD.
PENSACOLA FL 32507

Mailing Address

127 E. ZARAGOZA
SUITE 206
PENSACOLA FL 32501
US

20022707



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

C/O

City & State

Bass and Sandfort Accountants PA
1301 West Garden Street
Pensacola, FL 32501

El Number 59-3475111

Applied For
Not Applicable

Zip

Country

4. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BASS & SANDEFORT ACCOUNTANTS
127 E. ZARAGOZA
SUITE 206
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

Street

Bass and Sandfort Accountants PA
1301 West Garden Street
Pensacola, FL 32501

City

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 not applicable.

(NOTE: Registered Agent signature required when renewing)

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, 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	PD PERRY, BRAD 3800 NAVY BLVD. PENSACOLA FL 32507	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PERRY, RUSSELL 3800 NAVY BLVD. PENSACOLA FL 32507	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERRY, JOHN Russell Perry 3800 NAVY BLVD. PENSACOLA FL 32507	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

DATE

Typed Name

1/30/03