## 2000 UNIFORM BUSINESS REPORT (UBR)

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

## **FILED** DOCUMENT # P97000103081 Mar 14, 2000 8:00 am 1. Entity Name **Secretary of State** AAAFLORIDA REAL ESTATE INC. 03-14-2000 90019 003 \*\*\*150.00 Principal Place of Business Mailing Address 5100 N. TAMIAMI TR 5100 N. TAMIAMI TR STE. 201 STE. 201 NAPLES FL 34103-2810 NAPLES FL 34103 2. Principal Place of Business 3. Mailing Address 4910 Tamiami Trail N. 4910 Tamiami Trail N. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 210 wite 210 City & State Applied For City & State 4. FEI Number 59-3483071 Not Applicable laples FL Country \$8.75 Additional Zip. 5. Certificate of Status Desired US 341<u>03</u> Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Same SZEMPRUCH, DAVID J P.A. Street Address (P.O. Box Number is Not Acceptable 5100 N. TAMIAMI TR., STE. 201 Tamiami NAPLES FL 34103 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD Y Change ☐ Addition TITLE ☐ Delete TITLE PAUL, HELMUT NAME 4910 Tamiami Trail N. Svite 200 NAME STREET ADDRESS 5100 N. TAMIAMI TR, #201 STREET ADDRESS 34103 CITY-ST-ZIP NAPLES FL 34103 CITY-ST-7IP naples, **V** Change ☐ Delete TITLE TITLE SZEMPRUCH, DAVID J NAME NAME 4910 Tamiami Trail N., Svite 210 STREET ADDRESS STREET ADDRESS 5100 N. TAMIAMI TR, #201 CITY-ST-ZIP Mades, FL 34103 CITY-ST-ZIP NAPLES FL 34103 ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME 11 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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