## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P9800004509

1. Entity Name

## AARP PRODUCTS AND SERVICES INC.

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

. . . .

Principal Place of Business

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Name

City

1229 SADDLEBACK RIDGE RD APOPKA FL 32703

Principal Place of Business

LOTT, DAVID A

APOPKA FL 32703

1229 SADDLEBACK RIDGE RD

9. This corporation is eligible to satisfy its Intangible

1229 SADDLEBACK RIDGE

Tax filing requirement and elects to do so.

LOTT, DAVID

APOPKA FL 32703

(See criteria on back)

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

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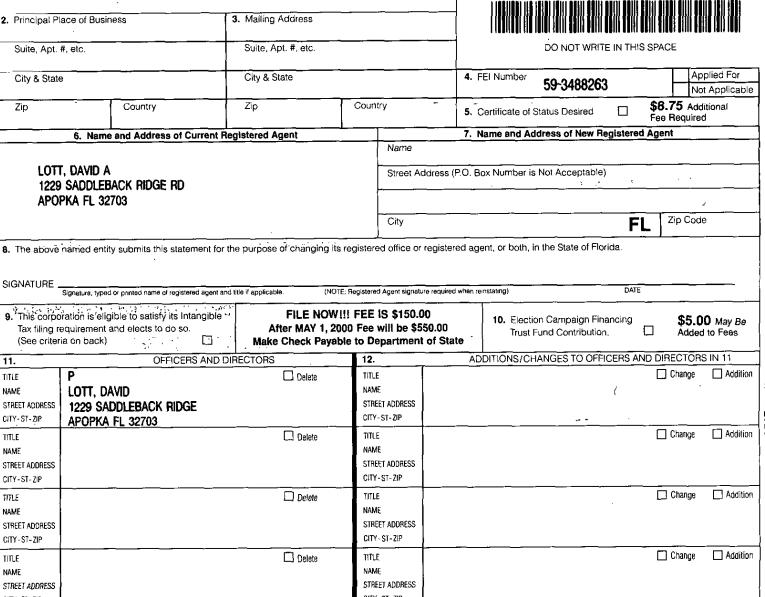
CITY-ST-ZIP

1229 SADDLEBACK RIDGE RD

APOPKA FL 32703-1510

## FILED Apr 17, 2000 8:00 am Secretary of State

04-17-2000 90021 048 \*\*\*150.00



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 attact with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Change

Addition

Addition