

001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007548

1. Entity Name

AAA ALUMINUM & VINYL CONSTRUCTION CORPORATION

Principal Place of Business

1282 TIMBERLANE ROAD
SUITE K
TALLAHASSEE FL 32312
US

Mailing Address

3135 SHANNON LAKES N
TALLAHASSEE FL 32308
US

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

4. FEI Number 59-3490027

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

HEATH, RAMONA K
3135 SHANNON LAKES N
TALLAHASSEE FL 32308

Name

HEATH, Kim M.

Street Address (P.O. Box Number is Not Acceptable)

3135 SHANNON LAKES N.

City

TALLAHASSEE

FL

Zip Code

32308

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 reinstating)

Kim M. HEATH

4-25-01

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 IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	HEATH, RAMONA K	
STREET ADDRESS	3135 SHANNON LAKES N	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	HEATH, JACOB	
STREET ADDRESS	3135 SHANNON LAKES, W	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRIDGES, WILLARD	
STREET ADDRESS	1201 E. 11TH STREET	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEATH, KIM	
STREET ADDRESS	3135 SHANNON LAKES N	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HALL, KEVIN	
STREET ADDRESS	3207 HUNTINGTON WOODS BLVD	
CITY-ST-ZIP	TALLAHASSEE FL 32305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kim M. HEATH	
STREET ADDRESS	3135 SHANNON LAKES N.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	DIRECTOR V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMONA K. HEATH	
STREET ADDRESS	3135 SHANNON LAKES N.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 SIGNING OFFICER OR DIRECTOR

Kim M. HEATH President

Date

4-20-01 850 668-1814

Daytime Phone #

CR2E034 (10/00)