

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065978

1. Entity Name

A & A UNLIMITED INVESTMENTS, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90087 047 ***150.00

Principal Place of Business

Mailing Address

~~2975 CR 410~~ 7007 S. Florida Ave ~~PO BOX 468~~ P.O. Box 1349
~~LAKE PANASOFFKEE FL 33538~~ ~~JUDSONIA AR 72001-0468~~
Florida City FL 33436 LAKE PANASOFFKEE FL 33538

00000104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3526450

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GRiffin, WILLIAM
469 CR 4825
LAKE PANASOFFKEE FL 33538

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 reinstating)

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, 2000 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 PD ☐ Delete
NAME LEGG, DENISE
STREET ADDRESS 37105 LOCK STREET
CITY-ST-ZIP DADE CITY FL 33525

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

TITLE VPD ☒ Delete
NAME SMITH, ALEC
STREET ADDRESS 37105 LOCK STREET
CITY-ST-ZIP DADE CITY FL 33525
Resignation Attached

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

TITLE ST ☒ Delete
NAME SCHELL, BETTY
STREET ADDRESS 4416 OHIO AVENUE
CITY-ST-ZIP TAMPA FL 33616
Resignation Attached

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(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

3/28/00

Date

352-726-3637

Daytime Phone #

CR2E034 (9/99)