2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2002 8:00 am Secretary of State DOCUMENT # P98000072207 1. Entity Name AAA MILITARY, INC. 05-02-2002 90084 024 ***150.00 Principal Place of Business Mailing Address 160 42ND AVENUE 160 42ND AVENUE ST. PETERSBURG FL 33706 ST. PETERSBURG FL 33706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3540271 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent .Name PLATTE, DAVID E Street Address (P.O. Box Number is Not Acceptable) 603 INDIAN ROCKS ROAD **BELLEAIR FL 34616** City 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 FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSDT Delete TITLE CR2E034 (9/01) Change Addition NAME Galinski, david NAME STREET ADDRESS 160 42ND AVENUE STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33706 CITY-ST-7IP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete__ TITLE , NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LE Delete TITLE ☐ Change ☐ Addition NAME EET ADDRESS STREET ADDRESS - ST- ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME ADDRESS STREET ADDRESS ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition DORESS STREET ADDRESS CITY-ST-ZIP

ereby 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 dicated 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 the corporation or the receiver or trustee empowered to execute this report as required by enapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

NG OFFICER OR DIRECTOR