

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90057 033 ***150.00

DOCUMENT # P990000000006

1. Entity Name
AARO RETAIL SYSTEMS, INC.

Principal Place of Business 5020 BRIDGEPORT DR. SAFETY HARBOR FL 34695	Mailing Address P. O. BOX 853 SAFETY HARBOR FL 34695
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2. Principal Place of Business 5020 BRIDGE PORT	3. Mailing Address P.O. Box 853
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SAFETY HARBOR FL	City & State SAFETY HARBOR FL	4. FEI Number 59-3314933	Applied For Not Applicable
Zip 34695	Country U.S.A.	Zip 34695	Country U.S.A.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LAMONICA, JOSEPH S JR.
5020 BRIDGEPORT DR.
SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMONICA, JOSEPH S JR.	NAME	
STREET ADDRESS	5020 BRIDGEPORT DR.	STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMONICA, THOMAS P	NAME	
STREET ADDRESS	5020 BRIDGEPORT DR.	STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMONICA, JOSEPH S III	NAME	
STREET ADDRESS	3337 MALORY CIR NW	STREET ADDRESS	
CITY-ST-ZIP	CANTON OH 44708	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LA MONICA, JOHN S	NAME	
STREET ADDRESS	2093 HACKBERRY ST	STREET ADDRESS	
CITY-ST-ZIP	AKRON OH 44301	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph S. La Monica Jr **JOSEPH S. LA MONICA JR** **1-04-01** **727-726-8140**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0428707

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE