

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001568

1. Entity Name

AAA TITLE LOAN INC. OF PENSACOLA, DBA AAA AUTO SALES

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90221 021 \*\*\*150.00

Principal Place of Business

2819 W. CERVANTES ST.  
PENSACOLA FL 32526

Mailing Address

2819 W. CERVANTES ST.  
PENSACOLA FL 32505

2. Principal Place of Business

32503  
6317 N. PALAFOX ST., PENSACOLA, FL.

3. Mailing Address

32503  
6317 N. PALAFOX ST., PENSACOLA, FL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA, FL.

City & State

PENSACOLA, FL.

Zip

32503

Country

U.S.

Zip

32503

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3426481

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SKIPPER, DONALD W  
2524 SEAROBIN RD.  
PENSACOLA FL 32526

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

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, 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

TITLE **D** ☐ Delete  
NAME **SKIPPER, DONALD W**  
STREET ADDRESS **2524 SEAROBIN RD.**  
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Donald W. Skipper* DONALD W. SKIPPER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

(850) 476-1512  
Daytime Phone #

CR2E034 (10/00)