

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002827

1. Entity Name

AAA TRANSPORTATION SERVICES, INC.

Principal Place of Business

P. O. BOX 100397
PALM BAY FL 32910

Mailing Address

P. O. BOX 100397
PALM BAY FL 32910

2. Principal Place of Business

P.O. Box 100397

3. Mailing Address

P.O. Box 100397

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Same

City & State

Same

Zip

Country

Zip

Country

4. FEI Number 59-3559103

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBY, DAVID H
1581 ROBERT J. CONLAN BLVD., N.E., S100
PALM BAY FL 32905

Jacqueline Hopburn
P.O. Box 100397, Palm Bay, FL 32910

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

Jacqueline Hopburn

2/1/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

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 NAME VD HEPBURN, OSWALD P
STREET ADDRESS 2107 GRANVILLE ST., NE 1827 JUPITER BLDG
CITY-ST-ZIP PALM BAY FL 32905

TITLE NAME PSTD BELTON-HEPBURN, JACQUELINE D
STREET ADDRESS 2107 GRANVILLE ST., NE 1827 JUPITER BLDG
CITY-ST-ZIP PALM BAY FL 32905

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME
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CITY-ST-ZIP

TITLE 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

Date

Daytime Phone #

FILED
Apr 07, 2001 8:00 am
Secretary of State

03-16-2001 90055 023 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)