

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P99000015548*

1. Entity Name *AAA AMERICAN SITE & CARPORT, INC.*

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 SEP 10 AM 11:48

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4511 N. Palafox
Suite, Apt. #, etc.

3. Mailing Address
4511 N. Palafox
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pensacola, Florida
Zip
32505
Country
Escambia

City & State
Pensacola, Florida
Zip
32505
Country
Escambia

4. FEI Number
59-3562378

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Bill Schimmel*

Street Address (P.O. Box Number is Not Acceptable)
4511 N. Palafox

City *Pensacola*

FL

Zip Code
32505

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)

**January 1 - May 1 Fee is \$150.00.
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
STREET ADDRESS
CITY-ST-ZIP
*President
Bill Schimmel
4511 N. Palafox
Pensacola, FL. 32505*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Secretary
Bill Schimmel
4511 N. Palafox
Pensacola, FL. 32505*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Treasurer
Bill Schimmel
4511 N. Palafox
Pensacola, FL. 32505*

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

900007633279-1-1
-09/10/02--01035--013
*****150.00 ****150.00*

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Bill Schimmel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Resident Agent

9-10-02 (850) 435-1155

Date

Daytime Phone #

CR2E034B (12/01)