

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037001

1. Entity Name

AAA SERVICES OF WELLINGTON, INC.

Principal Place of Business

Mailing Address

1462 RUDDER COVE
WELLINGTON FL 33414

1462 RUDDER COVE
WELLINGTON FL 33414-5522

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

KRAVITZ, BRUCE I
11440 OKEECHOBEE BLVD., STE. 219
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

4. FEI Number

65-0900969

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



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, 2000 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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Arden Hintzmann
1462 Rudder Cove
Wellington, FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Vice President
Lois A Hintzmann
1462 Rudder Cove
Wellington, FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Secretary
Lois A. Hintzmann
1462 Rudder Cove
Wellington, FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Treasurer
Arden W. Hintzmann
1462 Rudder Cove
Wellington, FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

Arden W. Hintzmann

Date

Daytime Phone #

2/16/2000

661-790-4390

CR2E034 (9/99)