

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # P99000058332

1. Entity Name

AAA Protection And Construction INC.

01 JAN 29 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

455 McPhaul Rd
CHATHASSEE FLA 32324 Same

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

59-3584071

Not Applicable

Zip

Country

Zip

Country

32324

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Amos Parsons
455 McPhaul Rd
CHATHASSEE FLA 32324

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

Amos Parsons

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Amos Parsons President ☐ Delete
STREET ADDRESS 455 McPhaul Rd
CITY-ST-ZIP CHATHASSEE FLA 32324

TITLE NAME 400003634284 ☐ Change ☐ Addition
STREET ADDRESS -02/05/01--01032--014
CITY-ST-ZIP ****150.00 ****150.00

TITLE NAME Johnnie Kay Dean VP ☐ Delete
STREET ADDRESS 455 McPhaul Rd
CITY-ST-ZIP CHATHASSEE FLA 32324

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

TITLE NAME John Dean Sec. ☐ Delete
STREET ADDRESS 756 McPhaul Rd
CITY-ST-ZIP CHATHASSEE FLA 32324

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 a address, with all other like empowered.

SIGNATURE:

Amos Parsons Amos Parsons President

Date

1-29-01

Daytime Phone #

950-456-5353

CR2E034 (11/00)