

# 2001. UNIFORM BUSINESS REPORT (UBR) *Amended*

DOCUMENT # *P99000058332*

1. Entity Name

*AAA Protection & Construction, Inc.*

Principal Place of Business

Mailing Address

*6252 - Bradfordville Rd  
Tallahassee FL 32308*

2. Principal Place of Business

*Same*

3. Mailing Address

*Same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

*59-358332*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 FEB 12 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*Howard Silver  
6252 - Bradfordville Rd  
Tallahassee FL 32308*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <i>P</i>	<i>Howard Silver</i>	<input type="checkbox"/> Delete
NAME	<i>6252 Bradfordville Rd</i>	
STREET ADDRESS	<i>Tallahassee FL 32308 Pres</i>	
CITY-ST-ZIP		
TITLE <i>S</i>	<i>Jarrod Duggar</i>	<input type="checkbox"/> Delete
NAME	<i>6252 Bradfordville Rd</i>	
STREET ADDRESS	<i>Tallahassee FL 32308 Sec</i>	
CITY-ST-ZIP		
TITLE <i>T</i>	<i>Karen Whitfield</i>	<input type="checkbox"/> Delete
NAME	<i>6252 Bradfordville Rd</i>	
STREET ADDRESS	<i>TALL FLA 32308 Pres.</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

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**KE**

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 #

*2-12-2001*

CR2E034 (11/00)