

2001 UNIFORM BUSINESS REPORT (UBR)

Amended **APPROVED AND FILED** *Dr 2001*

DOCUMENT # P99000058332

1. Entity Name
AAA protection and construction Inc.

01 APR 23 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
*6252 Broadfordville Rd.
Tallahassee FL 32308*

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number *59-3583332* 7 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
*Brian KENDALL
6252 Broadfordville Rd.
Tallahassee FL 32308*

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
000004164260--4
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]* DATE *4.23.01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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>	NAME <i>SHANNON COLSTON</i>	<input type="checkbox"/> Delete
STREET ADDRESS <i>2313 CUMBERLAND DRIVE</i>		
CITY-ST-ZIP <i>TALLAHASSEE, FLA. 32303</i>		
TITLE <i>VP</i>	NAME <i>TONY A. WILLIAMS</i>	<input type="checkbox"/> Delete
STREET ADDRESS <i>2313 CUMBERLAND DRIVE</i>		
CITY-ST-ZIP <i>TALLAHASSEE, FLA. 32303</i>		
TITLE <i>S</i>	NAME <i>JARROD DULHAGE</i>	<input type="checkbox"/> Delete
STREET ADDRESS <i>6252 BROADFORDVILLE RD</i>		
CITY-ST-ZIP <i>TALLAHASSEE, FLA. 32308</i>		
TITLE <i>T</i>	NAME <i>KAREN WHITFIELD</i>	<input type="checkbox"/> Delete
STREET ADDRESS <i>6252 BROADFORDVILLE RD.</i>		
CITY-ST-ZIP <i>TALLAHASSEE, FLA. 32308</i>		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.

SIGNATURE: *[Signature]* attorney in fact *4/23/01*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)