

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90014 048 \*\*\*158.75

**DOCUMENT # P99000073506**

1. Entity Name

**A & A HOME BUYERS REALTY, INC.**

Principal Place of Business

1333 MCCALL ROAD  
 PORT CHARLOTTE FL 33981

Mailing Address

1333 MCCALL ROAD  
 PORT CHARLOTTE FL 33981-2512

2. Principal Place of Business

1333 MCCALL Road  
 Suite, Apt. #, etc.

3. Mailing Address

4728 KEMPSON LANE  
 Suite, Apt. #, etc.

City & State

PORT CHARLOTTE, FL

City & State

PORT CHARLOTTE, FL

4. FEI Number

65-1942052

Applied For

Not Applicable

Zip

33981

Country

CHARLOTTE

Zip

33981

Country

CHARLOTTE

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name DIANA A. CAMPBELL  
 Street Address (P.O. Box Number is Not Acceptable)  
4728 KEMPSON LANE  
 City PORT CHARLOTTE FL Zip Code 33981

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

DIANA A CAMPBELL

Diana A. Campbell

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) NONE DUE

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PSTD</u> <u>CAMPBELL, DIANA A</u> <u>1333 MCCALL ROAD Business Address</u> <u>PORT CHARLOTTE FL 33981</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Delete
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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: Diana A. Campbell  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-00 941-697-9210  
 Date Daytime Phone #

A0020353



DO NOT WRITE IN THIS SPACE