

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077359

1. Entity Name

A & A AUTO SALES, INC.

FILED
Jun 07, 2000 8:00 am
Secretary of State

05-16-2000 90070 014 ***150.00

Principal Place of Business

Mailing Address

~~10340 N. FLORIDA AVE., STE 100-7~~
~~TAMPA FL 33613~~

~~10340 N. FLORIDA AVE., STE 100-7~~
~~TAMPA FL 33613-3262~~

613 N. FT. HARRISON AVE.
CLEARWATER, FL 33755

- SAME -

2. Principal Place of Business

613 N. FORT HARRISON AVE.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Clearwater FL

City & State

Zip
33755

Country

Zip

Country

4. FEI Number 59-3595804

Applied For

Not Applicable

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

D'ALESSANDRO, PETER

540 OAK CREEK DR. 1117 Somerset Cir. So.

BRANDON FL 33511 DUNEDIN, FL 34698

Name

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

1117 Somerset Circle South

1

City
Dunedin

FL

Zip Code
34698

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

Peter D'Alessandro

04/28/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D'ALESSANDRO, PETER
STREET ADDRESS 540 OAK CREEK DR. 1117 Somerset Cir. So.
CITY-ST-ZIP BRANDON FL 33511 DUNEDIN, FL 34698

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Peter D'Alessandro

04/28/00

727-442-1899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 19/99