

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081910

1. Entity Name

AAA SERVICES, INC.

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90142 034 ***150.00

Principal Place of Business

2014 SANTA BARBARA BLVD.
NAPLES FL 34116

Mailing Address

2014 SANTA BARBARA BLVD.
NAPLES FL 34116-5446

2. Principal Place of Business

2014 Santa Barbara Blvd

3. Mailing Address

2014 Santa Barbara Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

4. FEI Number

59-3601320

Applied For

Not Applied

Zip

34116

Country

USA

Zip

34116

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, MAXIMILIANO J
2014 SANTA BARBARA BLVD.
NAPLES FL 34116

7. Name and Address of New Registered Agent

Name JACQUELINE MARTINEZ WAGNER

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

2014 Santa Barbara Blvd

City

Naples

FL

Zip Code

34116

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

Jacqueline Martinez 1/29/00

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

TITLE PTD
NAME MARTINEZ, MAXIMILIANO J
STREET ADDRESS 2014 SANTA BARBARA BLVD.
CITY-ST-ZIP NAPLES FL 34116 ☐ Delete

TITLE VD
NAME MARTINEZ, MAYRA
STREET ADDRESS 2014 SANTA BARBARA BLVD.
CITY-ST-ZIP NAPLES FL 34116 ☐ Delete

TITLE SD
NAME MARTINEZ, JACQUELINE
STREET ADDRESS 2014 SANTA BARBARA BLVD.
CITY-ST-ZIP NAPLES FL 34116 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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] REQUIRED 24-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941 354 0172