

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90110 019 ***150.00

DOCUMENT # P99000096820

1. Entity Name

AAA SPEC BLOCK, INC.

Principal Place of Business

Mailing Address

8025 NW 120TH ST.
REDDICK FL 32686

8025 NW 120TH ST.
REDDICK FL 32686-4514

2. Principal Place of Business

6760 NW 24TH AVE. RD.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 729

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

REDDICK, FL

4. FEJ Number

59-3616757

Applied For

Not Applicable

Zip

34475

Country

USA

Zip

32686

Country

USA

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

6. Name and Address of Current Registered Agent

PICKEL, REBECCA M
8025 NW 120TH ST.
REDDICK FL 32686

7. Name and Address of New Registered Agent

Name

REBECCA M. PICKEL

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

8320 NW 47TH ST

City

OCALA

FL

Zip Code

34482

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

Rebecca M. Pickel - **REBECCA M. PICKEL**

4/19/00

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	D	<input type="checkbox"/> Delete
NAME	PICKEL, GARY M	
STREET ADDRESS	8025 NW 120TH ST.	
CITY-ST-ZIP	REDDICK FL 32686	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR / SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REBECCA M. PICKEL	
STREET ADDRESS	8320 NW 47TH ST	
CITY-ST-ZIP	OCALA, FL 34482	
TITLE	DIRECTOR / PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARY M. PICKEL	
STREET ADDRESS	8320 NW 47TH ST.	
CITY-ST-ZIP	OCALA, FL. 34482	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY M. PICKEL - **GARY M. PICKEL** **4/19/00 (352) 629-7799**

Date

Daytime Phone #

CR2E034 (9/99)