

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 OCT -8 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000096820

1. Entity Name

AAA SPEC BLOCK, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6760 NW 24TH AVE RD

3. Mailing Address

20 SOUTH BROAD STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

OCALA, FL

City & State

BROOKSVILLE, FL

4. FEI Number

59-3616757

Applied For

Not Applicable

Zip

34475

Country

US

Zip

34601

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

THOMAS S. HOGAN, JR.

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

20 SOUTH BROAD STREET

City

BROOKSVILLE

FL

Zip Code
34601

**DO NOT WRITE
IN THIS SPACE**

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, 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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	DP DOWNES, NICHOLAS 1115 SOUTH MAIN STREET BROOKSVILLE, FL 34601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4000008426884-2 -10/17/02-01057-003 ***367.50 ***61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TAGLIA, R. VICTOR 1115 SOUTH MAIN STREET BROOKSVILLE, FL 34601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOGAN, JR., THOMAS S. 20 SOUTH BROAD STREET BROOKSVILLE, FL 34601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Victor Taglia 10/8/02 (352) 796-1912