

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90121 037 ***150.00

DOCUMENT # P99000107194

1. Entity Name
AO SPECIAL TEES, INC.

Principal Place of Business

**2533 U.S. 19
HOLIDAY FL 34691**

Mailing Address

**2533 U.S. 19
HOLIDAY FL 34691**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1134 SPARROW LANE

Suite, Apt. #, etc.

1134 SPARROW LANE

City & State

TARPON SPRINGS, FL.

City & State

TARPON SPRINGS, FL.

Zip

34689

Country

PINELLAS

Zip

34689

Country

PINELLAS

6. Name and Address of Current Registered Agent

**LORENZO, AUDREY D
2533 US 19
HOLIDAY FL 34691**

7. Name and Address of New Registered Agent

Name **LORENZO AUDREY D.**
Street Address (P.O. Box Number is Not Acceptable)
1134 SPARROW LANE
City **TARPON SPRINGS FL** Zip Code **34689**

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 **Audrey D. Lorenzo**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/21/02

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, 2002 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 **PSTD** ☐ Delete
NAME **LORENZO, AUDREY D**
STREET ADDRESS **2533 U.S. 19**
CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1134 SPARROW LANE**
CITY-ST-ZIP **TARPON SPRINGS, FL. 34689**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

4/21/02

Date

**727
938-5866**

Daytime Phone #

CR2E034 (9/01)