

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90213 024 \*\*\*150.00

**DOCUMENT #** V 22079 V

**1. Entity Name**  
**AAA Finance Corp**

<b>Principal Place of Business</b> 18500 U.S. HWY. 441 MOUNT DORA FL 32757 US	<b>Mailing Address</b> PO BOX 1364 MOUNT DORA FL 32756-1364 US
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<b>2. Principal Place of Business</b> <b>7110 Beech Ridge Trail</b> Suite, Apt. #, etc.	<b>3. Mailing Address</b> <b>PMB 324-6753 Thomasville Rd</b> Suite, Apt. #, etc. <b>108</b>
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<b>City &amp; State</b> <b>Tallahassee, FL</b>	<b>City &amp; State</b> <b>Tallahassee, FL</b>
<b>Zip</b> <b>32312</b>	<b>Zip</b> <b>32312</b>
<b>Country</b> <b>Leon</b>	<b>Country</b> <b>USA</b>

<b>4. FEI Number</b> <b>59-3119823</b>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

<b>Name</b> <b>Lance Hampton</b>
<b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>7110 Beech Ridge Trail</b>
<b>City</b> <b>Tallahassee</b>
<b>State</b> <b>FL</b>
<b>Zip Code</b> <b>32312</b>

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] **Treasurer Lance Hampton** **5-1-00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	
HILL, KAY 1206 OLD EUSTIS ROAD MOUNT DORA FL 32757		
Hill, Eugene	<input type="checkbox"/> Delete	
V	<input type="checkbox"/> Delete	
ST HAMPTON, LANCE 6861 SYLVAN WOODS CT SANFORD FL	<input type="checkbox"/> Delete	
	<input type="checkbox"/> Delete	
	<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
RD Hill, Kay 1473 Crane Blvd Cairo, GA 31728		
CD Hill, Eugene 1473 Crane Blvd Cairo, GA 31728	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
T Hampton, Lance 2319 Gates Dr Tallahassee, FL 32312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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] **Lance Hampton** **5-1-00** **850-668-3312**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Document Number #

CR2E034 (9/99)