

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V62432

1. Entity Name

A-A SPEEDY OPENERS, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90073 018 ***158.75

Principal Place of Business

Mailing Address

~~1315 FOXTREE TRAIL~~
~~APOPKA FL 32712-043~~
US

5104 N. ORANGE BLOSSOM TRAIL
STE. 115
ORLANDO FL 32810-1013
US

2. Principal Place of Business

5104 N. ORANGE BLOSSOM TR

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

115

Suite, Apt. #, etc.

City & State

ORLANDO

City & State

FL

4. FEI Number

59-3135398

Applied For

Not Applicable

Zip

32810

Country

ORANGE

Zip

32810

Country

ORANGE

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHATTUCK, DORIS G
1315 FOXTREE TRAIL
APOPKA FL 32712

Name

SHATTUCK, DORIS G.

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

308 LONESOME PINE DR

LONGWOOD, FL

City

FL

Zip Code

32779

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

Doris G Shattuck

3-27-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME SHATTUCK, DORIS G
STREET ADDRESS 1315 FOXTREE TRAIL
CITY-ST-ZIP APOPKA FL 32712-3043

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

TITLE VP ☐ Delete
NAME WRIGHT, STEVE
STREET ADDRESS 4149 LAUGHLIN ROAD
CITY-ST-ZIP ZELLWOOD FL 32798

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

TITLE VP ☒ Delete
NAME REID, ROBERT
STREET ADDRESS 113 TRAFALGAR PLACE
CITY-ST-ZIP LONGWOOD FL 32779

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Doris G Shattuck DORIS SHATTUCK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-292-9121

CR2E034 (9/99)