

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90072 007 ***158.75

DOCUMENT # H24792



1. Entity Name
A AAH AUTO CASH REGISTER AUTO INSURANCE OF CITRUS COUNTY, INC.

Principal Place of Business
**2322 US HWY 44 WEST
INVERNESS FL 34453**

Mailing Address
**% LLOYD E. REGISTER
1535 N. MAITLAND AVE.
MAITLAND FL 32751**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2444984

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REGISTER, LLOYD E.
1535 N. MAITLAND AVE
MAITLAND FL 32751**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	<input type="checkbox"/> Delete
NAME	REGISTER, LLOYD E.	
STREET ADDRESS	1535 N. MAITLAND AVE	
CITY-ST-ZIP	MAITLAND FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	PACE, ERICK	
STREET ADDRESS	1535 N MAITLAND AVE	
CITY-ST-ZIP	MAITLAND FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	REGISTER, LLOYD E IV	
STREET ADDRESS	1535 N. MAITLAND AVENUE	
CITY-ST-ZIP	MAITLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Eric Pace 1/20/03 407 260 2220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)