

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 15, 2002 8:00 am**  
**Secretary of State**

09-15-2002 90085 014 \*\*\*550.00

0096903 AV

DOCUMENT # **J62554**

1. Entity Name  
**AAHB, INC.**

|   |   |
|---|---|
| Principal Place of Business<br>C/O BARTLETT, LUCY W<br>11405 STARKEY ROAD<br>LARGO FL 33773<br>US | Mailing Address<br>C/O BARTLETT, LUCY W<br>11405 STARKEY RD<br>LARGO FL 33773<br>US |
|---|---|



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>2320 Nellie St</b> | 3. Mailing Address<br><b>2320 Nellie St</b> |
| Suite, Apt. #, etc.                                     | Suite, Apt. #, etc.                         |

|                                       |                                       |                                    |  |
|---------------------------------------|---------------------------------------|------------------------------------|--|
| City & State<br><b>LARGO, Florida</b> | City & State<br><b>LARGO, FLORIDA</b> | 4. FEI Number<br><b>59-2803720</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br><b>33774</b>                   | Country<br><b>FLORIDA</b>             | Zip<br><b>33774</b>                | Country<br><b>FLORIDA</b>                              |

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BARTLETT, LUCY W.**  
**2320 NELLIE ST**  
**LARGO FL 34644**

7. Name and Address of New Registered Agent  
 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 *Lucy Bartlett* DATE **9-11-02**  
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.   
**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>LIGHTFOOT, TERESA L.</b><br><b>8192 HOPEWELL CT.</b><br><b>SEMINOLE FL</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>BARTLETT, LUCY W</b><br><b>2320 NELLIE ST</b><br><b>LARGO, FL</b>          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>V.</b><br><b>LIGHTFOOT TERESA L.</b><br><b>1050 STARKEY Rd #401</b><br><b>LARGO, FLORIDA 33773</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                     |

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: *Lucy Bartlett* DATE: **9-11-02** **727-586-5215**

CR2E034 (4/02)