

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


Amended
FILED

04 OCT 21 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000059920**

1. Entity Name
AIA Nassau Shed, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
AIA NASSAU Shed inc
Suite, Apt. #, etc.
463169 SR 200

3. Mailing Address
P.O. Box 335
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
yulee Fl.

City & State
yulee Fl.

Zip
32097

Country
NASSAU

Zip
32041

Country
NASSAU

4. FEI Number
04-3675921

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Jerry A. Tomassetti

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

City
Ferrandina Bch. FL

Zip Code
32034

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Bill Simmons 353 Manson Lane Jacksonville, Fl. 32220-2062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500042076975
10/21/04--01061--003 **61.25

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other lines empowered.

SIGNATURE: *Bill Simmons* **10-15-04** **904-225-0322**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)