

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109955

1. Entity Name

A 1 A SUPPLY, INC.

Principal Place of Business

6021 PENINSULA AVE.
KEY WEST FL 33034

Mailing Address

6021 PENINSULA AVE.
KEY WEST FL 33034

2. Principal Place of Business

S/A

3. Mailing Address

10650 S.W. 186 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Key West, FL

City & State

Miami, FL 33157

Zip

33034

Country

MONROE

Zip

33157

Country

DADE

4. FFI Number

65-0973895

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLAYLOCK, BETTYE
12630 S.W. 184TH STREET
MIAMI FL 33177

7. Name and Address of New Registered Agent

Name Bettye Blaylock

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

7930 S.W. 204 ST

City Miami

FL

Zip Code 33189

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 Bettye Blaylock President X Bettye Blaylock

7/24/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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 PD
NAME BLAYLOCK, BETTYE
STREET ADDRESS 12630 S.W. 184TH STREET
CITY-ST-ZIP MIAMI FL 33177 ☐ Delete

TITLE STD
NAME BLAYLOCK, SHANNON M
STREET ADDRESS 9801 S.W. 190 STREET
CITY-ST-ZIP MIAMI FL 33157 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Bettye Blaylock President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/00 305-253-0433
Date Daytime Phone #

FILED
Jul 31, 2000 8:00 am
Secretary of State

07-31-2000 90008 018 ***158.75



DO NOT WRITE IN THIS SPACE



A1A Supply, Inc.

6021 Peninsula Ave. ~ Key West, FL 33034 ~ USA
Phone 305-295-4448 ~ Fax 305-295-6470
1-800-282-0489

Attachment
DH # P99000109955
DW 75482

July 24, 2000

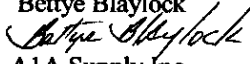
Dept Of State
PO Box 1500
Tallahassee, FL 32302-1500

In Reference to:
Document # P99000109955
Entity Name
A1A Supply, Inc.

To whom it may concern,

We did not receive the first notice, only the second.

Sincerely,

Bettye Blaylock

A1A Supply Inc.