

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90297 047 \*\*\*150.00

0104482 AV

**DOCUMENT # 168806**

**1. Entity Name**  
**A-1 BLOCK CORPORATION**



**Principal Place of Business**  
**%ANTHONY DACATO**  
**1617 S DIVISION ST**  
**ORLANDO FL 32805**  
**US**

**Mailing Address**  
**%ANTHONY DACATO**  
**1617 S DIVISION ST**  
**ORLANDO FL 32805**  
**US**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **59-0671726**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**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**

**DACATO, ANTHONY**  
**1617 S DIVISION**  
**ORLANDO FL 32805**

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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	DACATO, ANTHONY	
STREET ADDRESS	1617 S DIVISION STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DACATO, IDA	
STREET ADDRESS	1617 S DIVISION STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DACATO, ANTHONY J	
STREET ADDRESS	1617 SO DIVISION AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	FREEMAN, JOHN	
STREET ADDRESS	1617 SO DIVISION AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	FREEMAN, ADAM S.	
STREET ADDRESS	1617 S. DIVISION AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Ida DaCato 4-23-03 (407) 422-3768  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)