

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90139 021 ***158.75

0132710 AT

DOCUMENT # L60421

1. Entity Name
A1A SPRINKLER SYSTEMS AND SERVICE, INC.



Principal Place of Business
**4123 NW 2ND LANE
DELRAY BEACH FL 33445**

Mailing Address
**P.O. BOX 2412
DELRAY BEACH FL 33447**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0183757		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
MCKENNA, JAMES 4123 NW 2ND LANE DELRAY BEACH FL 33445				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	POT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCKENNA, JAMES			NAME			
STREET ADDRESS	4123 NW 2ND LANE			STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL 33445			CITY-ST-ZIP			
TITLE	VPOS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCKENNA, DOREEN			NAME			
STREET ADDRESS	4123 NW 2ND LANE			STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL 33445			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Doreen McKenna* **SIGNATURE REQUIRED** 7-28-03 541-272-2926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2034 (4/03)



ATA Sprinkler Systems and Service

PO Box 2412, Delray Beach, Florida 33447
561 272-2926 • FAX 561 265-7285

90148680

"Service and Repair Specialists"
Licensed, Bonded and Insured

July 28, 2003

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee FL 32302-1500

RE: 2003 Uniform Business Report
#L60421

Dear Sirs;

Please amend the late filling fee for my corporation for the year 2003. I did not receive the 1st report. I did go through all my records and found no payment for the year 2003, I will from now on send the additional \$8.75 for the certificate of status and I will file it every year in my corporate records. Enclosed, Please find my check for \$158.75. Please know this is an oversight and I thank you in advance. My phone number is 561-272-2926, please call if there is any problem, otherwise I will wait for my status certificate.

Respectfully,

Doreen McKenna
Doreen McKenna
Vice President