

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95777

1. Entity Name

A-1 ENTERPRISES, INC.

FILED

Jun 20, 2000 8:00 am
Secretary of State

06-20-2000 90016 045 ***558.75

Principal Place of Business

Mailing Address

8124 159TH ST. N.
PALM BEACH GARDENS FL 33418
US

8124 159TH CT. N.
PALM BEACH GARDENS FL 34746-2760
US

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2. Principal Place of Business

3. Mailing Address

4444 Cypress Mill Rd. 4444 Cypress Mill Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee FL

City & State

Kissimmee FL

4. FEI Number

65-0477240

Applied For

Not Applicable

Zip

34746

Country

USA

Zip

34746

Country

USA

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

6. Name and Address of Current Registered Agent

OLIN, ROBERT E.
8124 156TH CT N
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name

Robert E Olin

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

4444 Cypress Mill Rd

City

Kissimmee

FL

Zip Code

34746

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6-10-00

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	P	<input type="checkbox"/> Delete
NAME	OLIN, ROBERT E.	
STREET ADDRESS	8124 159TH CT. N. 4444 Cypress Mill Rd	
CITY-ST-ZIP	PALM BEACH GARDENS FL Kissimmee FL 34746	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	ROWE, TIMOTHY P	
STREET ADDRESS	8124 159TH CT N	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert E Olin	
STREET ADDRESS	4444 Cypress Mill Rd	
CITY-ST-ZIP	Kissimmee FL 34746	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-10-00