FILED
Aug 25, 2002 8:00 am
Secretary of State
08-25-2002 90217 014 ***558.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M95777**

1. Entity Name
A-1 ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4444 CYPRESS MILL RD KISSIMMEE FL 34746 US	4444 CYPRESS MILL RD KISSIMMEE FL 34746 US

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
93 Neptune Ave	93 Neptune Ave.
Suite, Apt. #, etc. ~~Ormond Bch.~~	Suite, Apt. #, etc.
City & State: Ormond Beach	City & State: Ormond Beach
Zip: 32176 Country: USA	Zip: 32176 Country: USA

4. FEI Number 65-0477240 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
OLIN, ROBERT E.
4444 CYPRESS MILL RD
KISSIMMEE FL 34746

7. Name and Address of New Registered Agent
Name ~~Olin, Robert E.~~
Street Address (P.O. Box Number is Not Acceptable) ~~93 Neptune Ave~~
City ~~Ormond Bch.~~ FL Zip Code ~~32176~~

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 ______________________
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, 2002 Fee 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P OLIN, ROBERT E. 4444 CYPRESS MILL RD KISSIMMEE FL 34746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Olin, Robert 93 Neptune Ave Ormond Bch. FL. 32176	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (4/02)

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