

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90881 023 ***150.00

DOCUMENT # **P000 000 37277**
1. Entity Name **A-1 Contractors' Notice Corporation** ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Cooper City SW SW 90 Ave
Suite, Apt. #, etc. **Suite 3**
City & State **Cooper City FL**
Zip **33328** Country **BROWARD**

3. Mailing Address
5121 SW 90 Avenue
Suite, Apt. #, etc. **Suite 3**
City & State **Cooper City FL**
Zip **33328** Country **BROWARD**

DO NOT WRITE IN THIS SPACE

4. FEI Number **05-0999681** Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name **Bruce E. Barr**
Street Address (P.O. Box Number is Not Acceptable)
5121 SW 90 Ave #3
City **Cooper City** FL Zip Code **33328**

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 _____ (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) ☐
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	Pres/Dir Bruce E. Barr 5121 SW 90 Ave #3 Cooper City, FL 33328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Bruce E. Barr** 4/17/02 954-434-2445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #