

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 04, 2001 8:00 am**
Secretary of State

05-04-2001 90064 014 ***158.75

DOCUMENT # P000000684691. Entity Name
A1A GROUP, INC.

Principal Place of Business

**1620 MEDICAL LANE
SUITE 149
FORT MYERS FL 33907**

Mailing Address

**POST OFFICE BOX 430
LEHIGH ACRES FL 33970**

2. Principal Place of Business

12811 Kenwood Lane

3. Mailing Address

Suite, Apt. #, etc.

209

City & State

Fort Myers, FL

City & State

4. FEI Number

65-1029689

Applied For

Not Applicable

Zip
33907Country
USA

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****TELUSMA, JEAN W
120 AIRVIEW AVENUE
LEHIGH ACRES FL 33936**

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.

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	<input type="checkbox"/> Delete
	D			
	TELUSMA, MASLINE A			
	120 AIRVIEW AVENUE			
	LEHIGH ACRES FL 33936			
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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**04/24/2001 (941)274-9566**

Date

Daytime Phone #

CR2E034 (10/00)