

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000091895

1. Entity Name

A-1 CAB, INC.

Principal Place of Business

10959 OVERSEAS HWY  
MARATHON FL 33050

Mailing Address

10959 OVERSEAS HWY  
MARATHON FL 33050

2. Principal Place of Business

3. Mailing Address

10959 Overseas Hwy

Po Box 500421

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Marathon FL

City & State

Marathon FL

Zip

33050

Country

USA

Zip

33050

Country

USA

4. FEI Number

65-1045169

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GREENMAN, FRANKLIN D ESQ  
5800 OVERSEAS HWY  
MARATHON FL 33050

7. Name and Address of New Registered Agent

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 State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CHRISTISON, JAMES  
CITY-ST-ZIP P.O. BOX 500541  
MARATHON FL 33050

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CHRISTISON, RONALD  
CITY-ST-ZIP P.O. BOX 500541  
MARATHON FL 33050

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Ronald Christison 4-9-01

Date

Daytime Phone #

305-289-9572

FILED  
Apr 17, 2001 8:00 am  
Secretary of State

04-17-2001 90048 014 \*\*\*158.75

642087



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)