

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90276 030 ***158.75

DOCUMENT # P00000091895 ✓

1. Entity Name

A-1 CAB Company

650821

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1435 107th St Gulf

3. Mailing Address

Po Box 500421

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Marathon FL

City & State

Marathon FL

4. FEI Number

65-1045169

Applied For
Not Applicable

Zip

33050

Country

USA

Zip

33050

Country

USA

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Franklin D Greenman

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

5800 Overseas Hwy Suite 40

City

Marathon

FL

Zip Code

33050

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 reappointing)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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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 President, Director
NAME Ronald Christison
STREET ADDRESS Po Box 500421
CITY-STATE-ZIP Marathon FL 33050

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE Secretary, Director
NAME Donna M Christison
STREET ADDRESS Po Box 500421
CITY-STATE-ZIP Marathon, FL 33050

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**DO NOT WRITE
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)(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 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

CR2E034B (12/01)