

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

**FILED**  
**Jun 05, 2002 8:00 am**  
**Secretary of State**

06-05-2002 90412 013 \*\*\*150.00

DOCUMENT # P01000119205

1. Entity Name

A1 STOP CONSTRUCTION COMPANY INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
606 Gladich St  
Suite, Apt. #, etc. 577

3. Mailing Address  
2938 Matthew Dr.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MERRITT ISLAND FL  
Zip 32952 Country Brevard

City & State  
Rockledge FL  
Zip 32955 Country Brevard

4. FEI Number 01-0566561  
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 LENNARD GADE  
Street Address (P.O. Box Number is Not Acceptable)  
2938 Matthew Dr  
City Rockledge FL Zip Code 32955

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 Lennard Gade

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

06 04 02

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 \$650.00  
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	President LENNARD GADE 2938 Matthew Dr. Rockledge FL 32955
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Corporate Officer DAVID MILLS 2938 MATTHEW DR ROCKLEDGE FL 32955
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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: Lennard Gade

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LENNARD GADE 06 04 02 321 795 3436

Date

Daytime Phone #

CR2E034B (12/01)