

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90004 019 ***150.00

DOCUMENT # P93000001603

1. Entity Name
A-1 AUCTION INC.

Principal Place of Business
**929 PONDELLA ROAD
 N. FORT MYERS FL 33903**

Mailing Address
**929 PONDELLA RD
 # 7 & 8
 N FT MYERS FL 33903
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0385732**

☒ Applied For
☐ Not Applicable

Zip

Country

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

**WASHER, MARCIA MARIE
 4210 S.E. 20TH PLACE
 # C2
 CAPE CORAL FL 33904**

Name **PRENDOTA, PATRICIA**
 Street Address (P.O. Box Number is Not Acceptable)
4434 SE 20TH PL
CAPE CORAL, FL
 City **FL** Zip Code **33904**

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

Patricia Prendota

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
 NAME **WASHER MARCIA M.**
 STREET ADDRESS **4210 SE 20TH PL, C2**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **PRES.** ☒ Change ☐ Addition
 NAME **PRENDOTA, PATRICIA**
 STREET ADDRESS **4434 SE 20TH PL**
 CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE **ST** ☒ Delete
 NAME **PRENDOTA PATRICIA**
 STREET ADDRESS **4434 SE 20TH PL**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **ST** ☒ Change ☐ Addition
 NAME **FINGER, TINA**
 STREET ADDRESS **1127 GIFFORD AVE S**
 CITY-ST-ZIP **LEHIGH ACRES, FL 33936**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
 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

Patricia Prendota

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-01

CR2E034 (10/00)