

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**  
 09-11-2002 90066 016 \*\*\*550.00

**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**

2. Principal Place of Business

**13434 N. CLEVELAND AVE.**  
 Suite, Apt. #, etc.

3. Mailing Address

**13434 N. CLEVELAND AVE.**  
 Suite, Apt. #, etc.

City & State  
**N. Ft. Myers FL**

Zip  
**33903**

Country

City & State  
**N. Ft. Myers, FL**

Zip  
**33903**

Country

4. FEI Number **65-0385732**  
**APPLIED FOR**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PRENOTA, PATRICIA**  
**4434 SE 20TH PLACE**  
**CAPE CORAL FL 33904**

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, 2002 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 **P** ☐ Delete  
 NAME **PRENOTA, PATRICIA**  
 STREET ADDRESS **4434 SE 20TH PLACE**  
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **ST** ☐ Delete  
 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 ☐ 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  
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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 Prenota  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/02  
 Date

Daytime Phone #

CR2E034 (9/01)