

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90499 008 ***150.00

DOCUMENT # **P93000003361**

1. Entity Name
A-1 REPORTING, INC.

Principal Place of Business Mailing Address
1441 OLYMPIA RD. **1441 OLYMPIA RD.**
VENICE FL 34293 **VENICE FL 34293**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
711 Falls of Venice Circle
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Venice, FL

4. FEI Number Applied For
59-3160345 Not Applicable

Zip Country Zip Country
34292 **USA**

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

HARVEY, JULIE K
1441 OLYMPIA RD.
VENICE FL 34293

Name **Julie K. Harvey**
 Street Address (P.O. Box Number is Not Acceptable)
711 Falls of Venice Circle
 City **Venice** FL Zip Code **34292**

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 *Julie K. Harvey* DATE **3-28-02**
Signature typed or printed name of registered agent also file if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP | PST <input type="checkbox"/> Delete HARVEY, JULIE K 1441 OLYMPIA RD. VENICE FL 34293 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Julie K. Harvey 711 Falls of Venice Circle Venice, FL 34292 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Julie K. Harvey* **Julie K. Harvey, Pres.** DATE **3-28-02** DAYTIME PHONE # **941-493-2294**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)