

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000022564

1. Entity Name

A-1 TECHNOLOGIES, INC.

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90089 030 ***150.00

Principal Place of Business

6548 BOWLINE DR
SARASOTA FL 34231
US

Mailing Address

6548 BOWLINE DR
SARASOTA FL 34231
US

A0006120

A-1 Tech., Inc.

2. Principal Place of Business

3570 Webber St. Ste 101

3. Mailing Address

A-1 Tech., Inc.

Suite, Apt. #, etc.

Sarasota, FL

Suite, Apt. #, etc.

3570 Webber St. Ste 101

City & State

City & State

Sarasota, FL

4. FEI Number 65-0391540

Applied For

Not Applicable

Zip 34239

Country Sarasota

Zip 34239

Country Sarasota

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

LAYTON, NANCY L
6548 BOWLINE DR
SARASOTA FL 34231

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

Nancy L. Layton

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, 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 D
NAME LAYTON, MICHAEL J
STREET ADDRESS 6548 BOWLINE DR
CITY-ST-ZIP SARASOTA FL 34231 ☐ Delete

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

TITLE VP
NAME LAYTON, NANCY L
STREET ADDRESS 6548 BOWLINE DR
CITY-ST-ZIP SARASOTA FL 34231 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

Nancy L. Layton

Nancy L. Layton

Date

Daytime Phone #

1-6-01 941-923-6206

0408610

CR2E034 (10/00)