

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90018 035 \*\*\*150.00

**DOCUMENT # P95000091719**

1. Entity Name

**A 1 ENTERPRISES OF N.W. FL, INC.**

Principal Place of Business

**8540 COVE AVE  
PENSACOLA FL 32534**

Mailing Address

**P O BOX 7014  
PENSACOLA FL 32534  
US**

2. Principal Place of Business

**3401 E. Johnson Ave**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Pensacola, FL**

City & State

Zip

**32514**

**Escambia**

Country

4. FEI Number **59-3352374**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PECK, DONALD R JR  
8540 COVE AVE  
PENSACOLA FL 32534**

7. Name and Address of New Registered Agent

Name **Robert H. Love**

Street Address (P.O. Box Number is Not Acceptable)  
**3401 E. Johnson Ave**

City **Pensacola**

**FL**

Zip Code **32514**

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

**Robert H. Love, President**

**3-16-01**

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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PECK, DONALD R JR</b>	
STREET ADDRESS	<b>8540 COVE AVE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32534</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LOVE, ROBERT H</b>	
STREET ADDRESS	<b>8540 COVE AVE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32534</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Robert H. Love - Robert H. Love**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-16-01**

Date

**850 477 4491**

Daytime Phone #

CR2E034 (10/00)