

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056220

1. Entity Name

A 1 BILLING SERVICES, INC.

Principal Place of Business

Mailing Address

1 FLORIDA PARK DRIVE NORTH #201
PALM COAST FL 32137

1 FLORIDA PARK DRIVE NORTH #201
PALM COAST FL 32137-3857

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KING, MARY L
12 WAYBOURNE PLACE
PALM COAST FL 32137

Name KING, MARY L.

Street Address (P.O. Box Number is Not Acceptable)

2 CLAYMONT CT. SOUTH

City PALM COAST FL Zip Code 32137

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 file 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, 2000 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 ☐ Delete
NAME KING, MARY L
STREET ADDRESS 12 WAYBOURNE PLACE
CITY-ST-ZIP PALM COAST FL 32137

TITLE D ☒ Change ☐ Addition
NAME KING, MARY L.
STREET ADDRESS 2 CLAYMONT CT. SOUTH
CITY-ST-ZIP PALM COAST, FL 32137

TITLE D ☐ Delete
NAME KING, DIANA M
STREET ADDRESS 12 WAYBOURNE PLACE
CITY-ST-ZIP PALM COAST FL 32137

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

TITLE D ☐ Delete
NAME KING, WARREN A
STREET ADDRESS 12 WAYBOURNE PLACE
CITY-ST-ZIP PALM COAST FL 32137

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90012 032 ***150.00

800000003



DO NOT WRITE IN THIS SPACE