

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90190 038 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000091604**

1. Entity Name

A-1 Mobile Service, Inc.**819563****DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5971 W Beaver St

3. Mailing Address

PO Box 11

State, Apt. #, etc.

State, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Whitewater, FL

Zip

32254

Country

USA

Zip

32220

Country

USA

4. FEI Number

59-3534891

Applied for

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional**

Fee Required

7. Name and Address of Current Registered Agent

Name

Robert Eaton

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

5971 W Beaver St.

City

Jacksonville

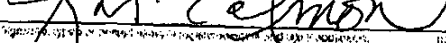
FL

Zip Code

32254

8. The above named entity certifies the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

9. This corporation is obligated to satisfy its Intangible Tax filing requirements and checks to do so.
(See return on back)

January 7, 2002 Fee is \$50.00
After May 1, Fee is \$90.00
Amended UBR is \$60.00
Major Check Payable to Department of State

10. Election Campaign Financing
First Fund Contribution☐**\$5.00 May Be**
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
PTSD	Robert Eaton	5971 W Beaver St	Jacksonville, FL 32254
	Delete Gregory Houston	from All positions	
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
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TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
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NAME

STREET ADDRESS

CITY, ST, ZIP

DO NOT WRITE
IN THIS SPACE

CR20348 (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(b), Florida Statutes. I further certify that the information indicated on this report of a registered agent is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent, and I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 of an annual report with an address with an address with an address.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original File #