

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017780

1. Entity Name
A1A CLEANING SPECIALISTS, INC.

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90033 042 ***150.00

Principal Place of Business

620 A1A BEACH BLVD.
ST. AUGUSTINE FL 32084

Mailing Address

620 A1A BEACH BLVD.
ST. AUGUSTINE FL 32084

2. Principal Place of Business

5495 A1A South
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 840023
Suite, Apt. #, etc.

City & State

St. Augustine, FL

City & State

St. Augustine, FL

Zip

32080

Country

USA

Zip

32080

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3562666

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TUTEN, DENA
620 A1A BEACH BLVD
SAINT AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

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

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 P
NAME TUTEN, DENA
STREET ADDRESS 620 A1A BEACH BLVD
CITY-ST-ZIP SAINT AUGUSTINE FL 32084 ☐ Delete

TITLE D
NAME ARVIN, BLAIR
STREET ADDRESS 620 A1A BEACH BLVD
CITY-ST-ZIP SAINT AUGUSTINE FL 32084 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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: Dena Tuten - DENA TUTEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01 904-461-5636
Date Daytime Phone #

CR2E034 (10/00)