

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027423

1. Entity Name

A-1-A RESTORATION & CONSTRUCTION, INC.



FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90016 012 ***150.00

Principal Place of Business

935 GOLDEN BEACH BLVD.
 INDIAN HARBOUR BEACH FL 32937

Mailing Address

935 GOLDEN BEACH BLVD.
 INDIAN HARBOUR BEACH FL 32937

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3572752

Applied For

Not Applicable

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

NICKS, CARL T III
 935 GOLDEN BEACH BLVD.
 INDIAN HARBOUR BEACH FL 32937

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 NICKS, CARL T III
 321 TRINIDAD DR.
 SATELLITE BEACH FL 32937

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 NICKS, GAIL R
 321 TRINIDAD DR.
 SATELLITE BEACH FL 32937

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

attachment # P99000027423 B0106239

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

091300

PROFIT
CORPORATION
ANNUAL REPORT
2000



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000027423

1. Corporation Name

A-1-A RESTORATION & CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

935 GOLDEN BEACH BLVD.
INDIAN HARBOUR BEACH FL 32937

935 GOLDEN BEACH BLVD.
INDIAN HARBOUR BEACH FL 32937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3-25-99

4. FEI Number

59-3572752

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NICKS, CARL T III
935 GOLDEN BEACH BLVD.
INDIAN HARBOUR BEACH FL 32937

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME NICKS, CARL T III
STREET ADDRESS 321 TRINIDAD DR.
CITY-ST-ZIP SATELLITE BEACH FL 32937
TITLE D ☐ DELETE
NAME NICKS, GAIL R
STREET ADDRESS 321 TRINIDAD DR.
CITY-ST-ZIP SATELLITE BEACH FL 32937
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

attachment # P99000027423

B0106239

A1A RESTORATION & CONSTRUCTION INC.

PH 407-779-9274
935 GOLDEN BEACH BLVD.
INDIAN HARBOUR BEACH, FL 32937

SUNTRUST BANK, CENTRAL FLORIDA, N.A.

INDIAN HARBOUR BEACH, FL 32937
63-215/631

2382

4/24/00

PAY TO THE
ORDER OF

Department of State
One Hundred Fifty and No/100 \$ 150.00
DOLLARS

MEMO

59-3572752

⑈002382⑈ ⑈063102152⑈0650000115568⑈

AUTHORIZED SIGNATURE

attachment # P99000027423

80106239

STF1
DR-835
R.02/00

POWER OF ATTORNEY and Declaration of Representative

PART I POWER OF ATTORNEY

1. TAXPAYER INFORMATION (Taxpayer(s) must sign and date this form on Page 2, Part I, Section 8)

TAXPAYER NAME(S) AND ADDRESS (Please Type or Print) A1A RESTORATION & CONSTRUCTION INC 935 GOLDEN BEACH BLVD. INDIAN HARBOUR BEACH, FL 32937	TAXPAYER IDENTIFICATION NO(S). (SSN, FEIN, etc.) 59-3572752	FLORIDA TAX REGISTRATION NUMBER DAYTIME TELEPHONE NUMBER 321-779-2112
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Hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2. REPRESENTATIVE(S) (Each representative must be listed individually, and must sign and date this form on Page 2, Part II)

NAME AND ADDRESS (Please Type or Print) DOUGLASS A. PERSON, CPA 1790 HWY A1A SUITE 202 SATELLITE BEACH, FL 329374	TELEPHONE NUMBER 321-779-2112 FAX NUMBER 321-779-0501
NAME AND ADDRESS (Please Type or Print)	TELEPHONE NUMBER FAX NUMBER
NAME AND ADDRESS (Please Type or Print)	TELEPHONE NUMBER FAX NUMBER

To represent the taxpayer(s) before the Florida Department of Revenue in the following tax matters:

3. TAX MATTERS

TYPE OF TAX (Corporate, Sales, Intangible, etc.)	TAX FORM NUMBER (F-1120, DR-15, DR-601, etc.)	YEAR(S) PERIOD(S) MATTER(S)
CORPORATE		1998 THRU 2002

4. ACTS AUTHORIZED

The representative(s) are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described in section 3, (for example, the authority to sign any agreements, consents, or other documents). The authority specifically includes the power to execute waivers of restrictions on assessment or collection of deficiencies in tax, to execute consents extending the statutory period for assessment or claims for refund of taxes, and to execute closing agreements under section 213.21, Florida Statutes. The authority does not include the power to receive refund warrants or the power to sign certain returns.

LIST ANY SPECIFIC ADDITIONS OR DELETIONS TO THE ACTS OTHERWISE AUTHORIZED IN THIS POWER OF ATTORNEY.

5. RECEIPT OF REFUND

If you want to authorize a representative named in section 2 to receive, BUT NOT TO ENDORSE OR CASH, refund warrants, initial here _____ and list the name of that representative below.

NAME OF REPRESENTATIVE TO RECEIVE REFUND WARRANTS: _____

attachment # P99000027423

Re-print Taxpayer Name(s): B0106239

Taxpayer ID #

STF1
PAGE 2

- Taxpayer(s) must complete Page 1 of this Power of Attorney, or it will be returned.

6. NOTICES AND COMMUNICATIONS

- Notices and other written communications will be sent to the first representative listed in Part I, section 2, unless taxpayer selects one of the options below.

- If you want any notices and communications sent to both you and your representative, check this box ☐
- If you do not want any notices or communications sent to your representative, check this box ☐
- If you want the second representative listed to receive such notices and communications, check this box ☐
- If you want the third representative listed to receive such notices and communications, check this box ☐

7. RETENTION / REVOCATION OF PRIOR POWER(S) OF ATTORNEY

The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Florida Department of Revenue for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check this box. ☐

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

8. SIGNATURE OF TAXPAYER(S)

If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested. If signed by a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, administrator, trustee, or fiduciary on behalf of the taxpayer, I declare under penalties of perjury that I have the authority to execute this form on behalf of the taxpayer. Under penalties of perjury, I (we) declare that I (we) have read the foregoing document, and the facts stated in it are true.

If this Power of Attorney is not signed and dated, it will be returned.


SIGNATURE

9-11-00
DATE

PRESIDENT

TITLE (if Applicable)

CARL T. NICKS, III

PRINT NAME

SIGNATURE

DATE

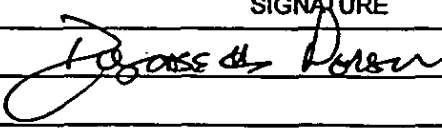
TITLE (if Applicable)

PRINT NAME

PART II DECLARATION OF REPRESENTATIVE

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified therein, and to receive confidential taxpayer information;
- I am one of the following:
 - Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - Certified Public Accountant - duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - Enrolled Agent / Actuary - enrolled as an agent or actuary under the requirements of Treasury Department Circular No. 230. (Attach evidence of enrolled status.)
 - Law student who is certified pursuant to Chapter 11 of the Rules Regulating the Florida Bar.
 - Former Department of Revenue employee. As a tax representative, I cannot accept representation in a matter upon the merits of which I had direct involvement while I was a public employee.
 - Other Qualified representative. (Note: Representatives qualifying under this subsection must comply with Rules 12-6.005 and 28-106.106, Florida Administrative Code.);
- I have read the foregoing Declaration of Representative and the facts stated in it are true.

If this Declaration of Representative is not signed and dated, it will be returned.

DESIGNATION - INSERT ABOVE LETTER (a - f)	JURISDICTION (State) or ENROLLMENT CARD NO.	SIGNATURE	DATE
b	FLORIDA		9-11-00

attachment # P99000027423 6106239

DOUGLASS A. PERSON, CPA, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

September 11, 2000

Annual Report Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: A-1-A Restoration & Construction, Inc
Carl T. Nicks, III, President
P99000027423

To Whom It May Concern:

Dear Sir:

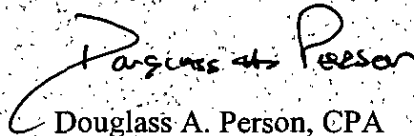
I am the accountant for the client referenced above (power-of-attorney attached). Mr. Nicks recently brought the enclosed "second notice" form for the 2000 Annual Report Filing year to my office. He was concerned in that he had previously mailed the "original/first" filing form with a check (please see attached copy). Please note that this was also the first required filing year for this corporation. Mr. Nicks was unfamiliar with the guidelines, but did file the "original" form timely. He assumed everything had been received and was not aware that follow-up, on his part, was necessary.

Mr. Nicks has completed the required sections of the "second filing" form and we are enclosing a check for the fee of \$150.00. We are also sending a copy of the "original/first" filing form sent by Mr. Nicks on April 24, 2000 along with a copy of the check submitted at that time.

We respectfully request that you accept this filing and the original fee of \$150.00. Your consideration in this matter is greatly appreciated. Should you have any further questions, please do not hesitate to contact me.

Respectfully submitted,

DOUGLASS A. PERSON, CPA, PA


Douglass A. Person, CPA

DAP/bv
Enclosure
cc: Mr. Nicks
A1A Restoration &
Construction

1790 Highway A1A • Suite 202 • Satellite Beach, FL 32937 • Call (321) 779-2112 • Fax (321) 779-0501