2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000027423**

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 Mailing Address 935 GÖLDEN BEACH BLVD. 935 GOLDEN BEACH BLVD. INDIAN HARBOUR BEACH FL 32937 INDIAN HARBOUR BEACH FL 32937



2. Principal Place of Business		3. Mailing Address							
Suite,	Apt. #, etc.	Suite, Apt. #, etc.		DO NOT	WRITE IN THIS SPAC	CE			
City &	State	City & State		4. FEI Number 59 – 35727		Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desir	red □ \$8.	75 Additional Required			
	6. Name and Address of Current	Registered Agent		7. Name and Address of No	ew Registered Agen	it			
1	NICKS, CARL T III	<u></u>	Name						
	935 GOLDEN BEACH BLVD.		Street Addr	ess (P.O. Box Number is Not Accept	table)				
	INDIAN HARBOUR BEACH FL 32937								
			City	···	FL	Zip Code			
8. The al	bove named entity submits this statement fo	r the purpose of changing its	s registered office or reg	pistered agent, or both, in the State of	of Florida.	1			
SIGNATU	JRE Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature re	equired when reinstating)	DATE				
Tax fil	corporation is eligible to satisfy its Intangible ling requirement and elects to do so. criteria on back)	After SEPTEMBER	!!! FEE IS \$550.00 3, 2000 Min. will be ble to Department of	i itusi runa Conini		\$5.00 May Be Added to Fees			
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO	OFFICERS AND DIR	ECTORS IN 11			
TITLE NAME	D NICKS, CARL T III	☐ Delete	TITLE NAME			Change 🔲 Addition			

11.	OFFICERS AND DIRE	CERS AND DIRECTORS 12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICKS, CARL T III 321 TRINIDAD DR. SATELLITE BEACH FL 32937	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICKS, GAIL R 321 TRINIDAD DR. SATELLITE BEACH FL 32937	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Đelete	TITLE NAME STREET ADDRESS CITY-ST-2IP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 of 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:

attachment # P99000027423 B0106239

PROFIT CORPORATI ANNUAL REF 2000 DOCUMENT 1. Corporation Name	ION							
DOCUMENT 1. Corporation Name	PORT	S S	andra B. Secretar	TMENT OF: Mortham y of State ORPORATIO	1			
11 Colporation	# P9900	0002742	.3					
	RATION & CONSTR	RUCTION, INC.						
Principal Place of Busine	· · ·	Mailing Address	s					
935 GOLDEN BEACH		935 GOU	den beaci	H BLVD.				
INDIAN HARBOUR B	EACH FL 32937	H MAIGNI	iarbour E	BEACH FL 32	2937	DO NOT WRITE IN TH 3. Date incorporated or Qualified	IS SPACE	
						3-25-99		
2. Principal Place of Bus	iness	2a. Mailing Add	ress			4. FEI Number 59 - 3572752	 	oplied For of Applicable
Suite, Apt. #, etc.		Suite, Apt. #	, etc.			5. Certificate of Status Desired	\$8.75	
City & State		City & State		 -		6. Election Campaign Financing	\$5.00	Мау Ве
Zip	Country	28		Country	y	8. This corporation owes or has paid the	Added to	
21p 21 .	25	29		30		Personal Property Tax due June 30.	Yes [3 No
9. Nam	e and Address of Current	Registered Agent	·	81	Name	10. Name and Address of New Register	ed Agent	<u></u>
NICKS, CARL T	111	, ,		82		dress (P.O. Box Number is Not Acceptable)	_ -	_
935 GOLDEN BE				L	<u> </u>	Oreas (1.0. Box (15.10a)		
INDIAN HARBOU	IR BEACH FL 32937			63	\ <u> </u>	•		
				84	City		85 Zip (Code
					1			- rapistared
office or registered a agent. I am familiar v SIGNÀTURE	gent, or both, in the State of with, and accept the obligation	ions of, Section 607	nge was a 1.0505, Flo	rida Statule	re-named cory y the corpora s.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	e of changing it appointment as	s registered registered
office or registered a agent. I am familiar v SIGNATURE Signature, type	agail of both to the State o	ins of Section 607	nge was a 1.0505, Flo	rida Statule	re-named cory y the corpora s.	concetion submits this statement for the purpose	e of changing it popointment as E AND DIRECTOR	RS IN 12
office or registered a agent. I am familiar v SIGNATURE SIGNATURE TITLE D	gent, or both, in the State o with, and accept the obligat and or privated name of repeated approx OFFICERS AND	in FIG. 1da. Such char ions of, Section 607 and title 4 approache DIRECTORS	nge was a 1.0505, Flo	:: Appliered Ap	re-named cory the corpora s.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	e of changing it appointment as	RS IN 12
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office or registered a agent. I am familiar v SIGNATURE 12. TITLE NICKS, STREET ADDRESS 321 TRI	gent, or both, in the State of with, and accept the obligated open OFFICERS AND CARL T III	in FIG. 1da. Such char ions of, Section 607 and title 4 approache DIRECTORS	NOTE	: Registered Ag 13. 1.1 TITLE	re-named cory the corporation and signature requirements and signature requ	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	e of changing it popointment as E AND DIRECTOR	RS IN 12
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altachment + p990000 27423 B0106239

> 39-3572752 201190: #1286200# 1822100000115584 AUTHORIZED SIGNATURE

A1A RESTORATION & CONSTRUCTION INC.
PH 407-779-9274
935 GOLDEN BEACH BLVD.
INDIAN HARBOUR BEACH, FL 32937

2382

DOLLARS

STF FL12630F.1

STF1 DR-835 R.02/00

POWER OF ATTORNEY

and Declaration of Representative

PARTA POWER OF ATTORNEY			ACUAL	er oak	erane.	an for the state of the state o
1. TAXPAYER INFORMATION (Taxpayer(s)	must sign and date th	als form on Page 2	Part I Sectio	n 8)	-	
TAXPAYER NAME(S) AND ADDRESS (Please Type or Pr		TAXPAYER IDENTI	FICATION NO		FLORIDA TAX	REGISTRATION NUMBER
A1A RESTORATION & CONSTRU	CTION INC	59-357275	•	- }		
935 GOLDEN BEACH BLVD. INDIAN HARBOUR BEACH, FL	32937		-		DAYTIME 1	TELEPHONE NUMBER
	,	·		3:	21-779-	2112
Hereby appoint(s) the following representative	ve(s) as attorney(s)-in-fact:				
2. REPRESENTATIVE(S) (Each representative	e must be listed Indiv	idually, and must sic	n and date t	his form o	on Page 2. Par	rt II)
NAME AND ADDRESS (Please Type or Print) DOUGLASS A. PERSON, CPA					ER321-7	
1790 HWY A1A SUITE 202						,,
·	374	-				•
	· · · · · · · · · · · · · · · · · · ·		FAX NUMB	ER	321-7	79-0501
NAME AND ADDRESS (Please Type or Print)			TELEPHON	NE NUMB	ER	
	-	u.e.	FAX NUMB	ER		
NAME AND ADDRESS (Please Type or Print)			TELEPHON	NE NUMBI	ER	
		,	FAX NUMB	ER		
To represent the taxpayer(s) before the Florid	da Department of i	Reversie in the fo	l Illowing tax	matter	<u>c.</u>	 -
		, torondo in the ic	, norting ap		.	
3. TAX MATTERS	<u> </u>	· · · · ·				
TYPE OF TAX (Corporate, Sales, Intangible, etc.)	I TAX FORM NUMBE	R (F-1120, DR-15, DR	-601, etc.)		YEAR(S)/PER	IOD(S)/MATTER(S)
CORPORATE				1998	THRU	2002
CORPORATE				1998	THRU	······································
CORPORATE				1998	THRU	
4. ACTS AUTHORIZED The representative(s) are authorized to receive and in the tax matters described in section 3, (for example, the power to execute waivers of restrictions on assessassesment or claims for refund of taxes, and to exe to receive refund warrants or the power to sign certain LIST ANY SPECIFIC ADDITIONS OR DELETIONS OF DELETION	nspect confidential tax the authority to sign a sment or collection of cute closing agreeme in returns.	ny agreements, con deficiencies in tax, nts under section 21 CTS OTHERWIS	perform any sents, or oth to execute or 13.21, Florida SE AUTHO	and all a er docum onsents e a Statutes	acts that I (we) ents). The aut extending the s i. The authorit	2002 can perform with respect to thority specifically includes statutory period for y does not include the power WER OF ATTORNEY

	ame(s): 15 6 10 4	0239 Taxpayer ID#	PAG
 Taxpayer(s) mus 	t complete Page 1 of this P	Power of Attorney, or it will be returned.	
Notices and oth	COMMUNICATIONS er written communication s one of the options belov	ns will be sent to the first representative listed in Part I, so w.	ection 2, unless
If you do not war	nt any notices or communic econd representative listed	s sent to both you and your representative, check this box cations sent to your representative, check this box to receive such notices and communications, check this box	♦ 🗍
l. If you want the th	nird representative listed to	receive such notices and communications, check this box	♦ □
The filing of this Revenue for the attorney, check to	same tax matters and years his box	OWER(S) OF ATTORNEY ically revokes all earlier power(s) of attorney on file with the Flores or periods covered by this document. If you do not want to recover of the property	orida Department of evoke a prior power o · · · ♦ □
corporate officer, the taxpayer, I de	ncerns a joint return, both a partner, guardian, tax matt clare under penalties of pe	husband and wife must sign if joint representation is requested fers partner/person, executor, receiver, administrator, trustee, or griury that I have the authority to execute this form on behalf of (we) have read the foregoing document, and the facts state	or fiduciary on behalf the taxpayer, Under
f this Power of Atto	rney is not signed and ga	ted, it will be returned.	· .
21	- 0 /	$S_{\alpha} / (S_{\alpha})$ PRE	SIDENT
	SIGNATURE	DATE	TITLE (If Applicable)
ARL T. NICK	s, III		
	PRINTHAME	·	
	SIGNATURE	DATE	TITLE (Y Applicable)
	PRINT NAME		
	PRINT NAME		
	ation of Representat	ĪVĒ	
 I am not cum I am aware of the practice of I am authorize confidential the I am one of the a. Attorney 	ently under suspension or of regulations contained in a stromeys, certified public red to represent the taxpayor axpayer information; the following:	disbarment from practice before the Internal Revenue Service; Treasury Department Circular No. 230 (31 CFR, Part 10), as a c accountants, enrolled agents, enrolled actuaries, and others; er(s) identified in Part I for the tax matter(s) specified therein, a	mended, concerning and to receive ow.
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I am not cum I am aware of the practice of I am authorize confidential to I am one of to a. Attorney b. Certified c. Enrolled 230. (Att d. Law stude Former of merits of f. Other Of 12-6.005	ATION OF REPRESENTAT. Tently under suspension or of regulations contained in Tof attorneys, certified public act to represent the taxpayor axpayer information; the following: - a member in good stand Public Accountant - duly que Agent / Actuary - enrolled attach evidence of enrolled stach	disbarment from practice before the Internal Revenue Service; Treasury Department Circular No. 230 (31 CFR, Part 10), as a caccountants, enrolled agents; enrolled actuaries, and others; er(s) identified in Part I for the tax matter(s) specified therein, a ling of the bar of the highest court of the jurisdiction shown beliqualified to practice as a certified public accountant in the jurisd as an agent or actuary under the requirements of Treasury Detatus.) ant to Chapter 11 of the Rules Regulating the Florida Bar. Inployee. As a tax representative, I cannot accept representation ment while I was a public employee. te: Representatives qualifying under this subsection must come.	mended, concerning and to receive ow. diction shown below partment Circular No.
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attachment # P9900027423 20106239

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,

DÒUGLASS A. PERSON, CPA, PA

Douglass A. Person, CPA

argues 42 leesor

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