

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037511

1. Entity Name

A-1 SERVICES OF CENTRAL FLORIDA, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90017 041 ***150.00

Principal Place of Business

15907 LAKE ORIENTA CT.
CLERMONT FL 34711-8119

Mailing Address

15907 LAKE ORIENTA CT.
CLERMONT FL 34711-8119

965960



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3572791

Applied For
Not Applicable

Zip

Country

Zip

Country

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

GARRICK, DAVID JR.
1795 EAST HWY.50,STE.A
CLERMONT FL 34711

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME P
STREET ADDRESS SOFKA, MIKE
CITY-ST-ZIP 4512 WOODLANDS VILLAGE
ORLANDO FL 32835 ☒ Delete

TITLE NAME VT
STREET ADDRESS PARKER, CHESTER T
CITY-ST-ZIP 15907 LAKE ORIENTA CT.
CLERMONT FL 34711 ☐ Delete

TITLE NAME S
STREET ADDRESS TANNER, LAWRENCE
CITY-ST-ZIP 15077 LAKE PICKETT RD.
ORLANDO FL 32820 ☒ 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 ☐ Change ☐ Addition

TITLE NAME PD
STREET ADDRESS PARKER, CHESTER T.
CITY-ST-ZIP 15907 LAKE ORIENTA CT
CLERMONT, FL 34711 ☒ 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

@ 4/27/01 407 421-3835
Date Daytime Phone #

CR2E034 (10/00)