

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90228 012 ***158.75

0686640 AT

DOCUMENT # P99000071895

1. Entity Name

A-1 OFFICE PLANTS, INC.

Principal Place of Business

**PO BOX 600176
JACKSONVILLE FL 32260-0176**

Mailing Address

**PO BOX 600176
JACKSONVILLE FL 32260-0176**

80060539



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14556 Berringer Lane

3. Mailing Address

PO Box 600176

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3592517

Applied For

Not Applicable

Zip

Country

32258

USA

Zip

Country

32260-0176

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FOOTE, ROBERT
12640 ALADDIN RD
JACKSONVILLE FL 32223**

7. Name and Address of New Registered Agent

Name

Sherry Mayville

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

14556 Berringer Lane

City

Jacksonville,

FL

Zip Code

32258

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

Sherry Mayville

Sherry Mayville, President

4-1-2002

(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, 2002 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	DPT	<input checked="" type="checkbox"/> Delete
NAME	FOOTE, ROBERT	
STREET ADDRESS	PO BOX 600176	
CITY-ST-ZIP	JACKSONVILLE FL 32260-0176	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	FOOTE, LINDA	
STREET ADDRESS	PO BOX 600176	
CITY-ST-ZIP	JACKSONVILLE FL 32260-0176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sherry Mayville	
STREET ADDRESS	14556 Berringer Lane	
CITY-ST-ZIP	Jacksonville, FL 32258	
TITLE	DVS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Mayville	
STREET ADDRESS	14556 Berringer Lane	
CITY-ST-ZIP	Jacksonville, FL 32258	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Sherry Mayville*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-2002 (904) 287-6291
Date Daytime Phone #

CR2E034 (9/01)