

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/24

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90146 019 \*\*\*150.00

**DOCUMENT # P99000102916**

Entity Name

**1 & A ENTERPRISES OF KISSIMMEE, INC.**

Principal Place of Business

Mailing Address

**COLUMBIA ARMS CIRCLE APT 154**  
**FL 34741****1617 COLUMBIA ARMS CIRCLE APT 154**  
**KISSIMMEE FL 34741**

Principal Place of Business

3. Mailing Address

**17 Columbia Arms Circle S****Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**154**

City &amp; State

City &amp; State

**Kissimmee FL**

4. FEI Number

**59-3611985**☒ Applied For☐ Not Applicable

Country

Country

Zip

Country

**741**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

**LENTZ, ANNETTE L****1617 COLUMBIA ARMS CIRCLE APT 154**  
**KISSIMMEE FL 34741**

Name

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

City

**FL**

Zip Code

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.

NATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/16/00**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, 2000 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**

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input checked="" type="checkbox"/> <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>LENTZ, ANNETTE L</b>		NAME	
<b>1617 COLUMBIA ARMS CIRCLE APT 154</b>		STREET ADDRESS	
<b>KISSIMMEE FL 34741</b>		CITY-ST-ZIP	
<input checked="" type="checkbox"/> <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>LENTZ, RONALD E</b>		NAME	
<b>1617 COLUMBIA ARMS CIRCLE APT 154</b>		STREET ADDRESS	
<b>KISSIMMEE FL 34741</b>		CITY-ST-ZIP	
<input type="checkbox"/>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
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		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
<input type="checkbox"/>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	

I, the undersigned, 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  
contained 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

Date

Daytime Phone #

**Annette L. Lentz****4/16/00**

CR2E034 (9/99)