

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J31050**

1. Entity Name

A-1 COMMUNICATIONS, INC.**FILED**
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90012 041 ***150.00

Principal Place of Business
9043 LITTLE RD.
NEW PORT RICHEY FL 34654-4221

Mailing Address
9043 LITTLE RD.
NEW PORT RICHEY FL 34654-4221

00004325



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9117 Little Rd.
Suite, Apt. #, etc.
New Port Richey
City & State
FL
Zip
34654

3. Mailing Address
9117 Little Rd.
Suite, Apt. #, etc.
New Port Richey
City & State
FL
Zip
34654

4. FEI Number 59-2725476
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIXTON, JOHN W
14503 MIDDLEFIELD LN
ODESSA FL 33556

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DV	LIEBL, ROBERT J	4015 DRISTOL AVENUE	SPRING HILL FL	
PD	PIXTON, JOHN	14503 MIDDLEFIELD LANE	ODESSA FL	
TS	PIXTON, CATHERINE A	14503 MIDDLEFIELD LN	ODESSA FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)