

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90246 025 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000002330

1. Entity Name

A1A CORPORATE SERVICES INC.

DO NOT WRITE IN THIS SPACE

90123726

2. Principal Place of Business
218 SOUTHERN COUNTRY LANE

Suite, Apt. #, etc.

3. Mailing Address
218 SOUTHERN COUNTRY LANE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
QUINCY FL

City & State
QUINCY FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
32351

Country
USA

Zip
32351

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Registered Agent

Name
A1A REGISTERED AGENT INC

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

25 SE 2ND AVE. SUITE 1036

City
MIAMI

FL

Zip Code
33131

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



PAUL SMITH, VICE-PRESIDENT

4-30-03

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
	DPV PAUL SMITH	25 SE 2ND AVE. SUITE 1036	MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:



PAUL SMITH, DPV

4-30-03

3056713359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)