

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90112 020 ***150.00

DOCUMENT # P94000017020

1. Entity Name
A1A PRINTING, INC.

Principal Place of Business 496 SOUTH MARKET AVE. 500 BLDG. FT PIERCE FL 34982	Mailing Address 496 SOUTH MARKET AVE. 500 BLDG. FT PIERCE FL 34982-6642
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business A1A Printing, Inc. Suite, Apt. #, etc. 494 S. Market Ave. City & State Ft. Pierce, Florida	3. Mailing Address A1A Printing, Inc. Suite, Apt. #, etc. 494 S. Market Ave. City & State Ft. Pierce, Florida
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4. FEI Number 65-0578337	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
BENNETT, ANNA
496 SOUTH MARKET AVE.
500 BLDG.
FT PIERCE FL 34982

7. Name and Address of New Registered Agent
 Name **Bennett, Anna**
 Street Address (P.O. Box Number is Not Acceptable)
494 S. Market Ave.
 City **Ft. Pierce** FL **34982**

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 _____ (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. **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**

11. OFFICERS AND DIRECTORS	
TITLE PD NAME BENNETT, ANNA STREET ADDRESS 496 SOUTH MARKET AVE. 500 BLDG. CITY-ST-ZIP FT. PIERCE FL 34982	<input type="checkbox"/> Delete
TITLE VD NAME WEDZICHA, JOHN STREET ADDRESS 496 SOUTH MARKET AVE. 500 BLDG. CITY-ST-ZIP FT. PIERCE FL 34982	<input type="checkbox"/> Delete
TITLE ST NAME BENNETT, NANCY STREET ADDRESS 496 SOUTH MARKET AVE. 500 BLDG. CITY-ST-ZIP FT. PIERCE FL 34982	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President NAME Bennett, Anna STREET ADDRESS 494 S. Market Ave CITY-ST-ZIP Ft. Pierce, FL 34982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address
TITLE Vice President NAME John Wedzicha STREET ADDRESS 494 S. Market Ave. CITY-ST-ZIP Ft. Pierce, FL 34982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address
TITLE ST NAME Bennett, Nancy STREET ADDRESS 494 S. Market Ave. CITY-ST-ZIP Ft. Pierce, FL 34982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE: Anna R. Bennett **Anna Bennett President** 1-13-00 (561) 460-6677
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)