

2001 UNIFORM BUSINESS REPORT (UBR)

010721 AT

DOCUMENT # P97000006960

1. Entity Name
A1 ANSWERING SERVICE, INC.

FILED
 01 NOV 29 AM 8:35

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address

~~767 BLANDING BLVD~~ **3025 Bravo Ct.** ~~767 BLANDING BLVD~~ **3025 Bravo Ct.**
~~SUITE 411~~ **ORANGE PARK FL 32065** ~~SUITE 411~~ **ORANGE PARK FL 32065**

DO NOT WRITE IN THIS SPACE **01**

2. Principal Place of Business 3. Mailing Address

Same **Same**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

Clay **Clay**

4. FEI Number **59-3437577** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

WATTS, NORMA JEAN
~~767 BLANDING BLVD~~ **3025 Bravo Ct**
~~SUITE 411~~
ORANGE PARK FL 32065

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 *Norma Jean Watts* *Norma Jean Watts* *President* *11/3/01*
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 | D | <input type="checkbox"/> Delete |
| NAME | WATTS, NORMA JEAN | |
| STREET ADDRESS | 591 WILLIAM PACA STREET | |
| CITY-ST-ZIP | ORANGE PARK FL 32073 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | BRANNAN, C T | |
| STREET ADDRESS | 1015 DOESHIRE DR | |
| CITY-ST-ZIP | ORANGE PK FL 32065 | |
| 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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REINSTATEMENT | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 400004741364--2 | |
| STREET ADDRESS | -12/27/01--01047--003 | |
| CITY-ST-ZIP | ****750.00 ****750.00 | |
| 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: *Norma Jean Watts* *10/8/01* *909-276-0020*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)