

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90211 009 ***150.00

DOCUMENT # P99000011115

1. Entity Name
A-1 24 HOUR SERVICE OF FLORIDA, INC.

Principal Place of Business Mailing Address
 21367 S.W. 238TH STREET 21367 S.W. 238TH STREET
 MIAMI FL 33031 MIAMI FL 33031-1080

2. Principal Place of Business 3. Mailing Address
12490 SW 2045t **12490 SW 2045t**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami FL **Miami FL**
 Zip Country Zip Country
33177 USA **33177 USA**

4. FEI Number Applied For
65-0891963 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PATENAUDE, JOSEPH H.B.
 21367 S.W. 238TH STREET
 MIAMI FL 33031

7. Name and Address of New Registered Agent

Name **PATENAUDE, Joseph H.B.**
 Street Address (P.O. Box Number is Not Acceptable)
12490 SW 2045t
 City **Miami** FL Zip Code **33177**

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 **Joseph H. B. Patenaude** **[Signature]** **12 Feb 00**
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete
NAME	D PATENAUDE, JOSEPH H.B.
STREET ADDRESS	21367 S.W. 238TH STREET
CITY-ST-ZIP	MIAMI FL 33031
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D PATENAUDE, Joseph H.B.
STREET ADDRESS	12490 SW 2045t
CITY-ST-ZIP	MIAMI FL 33177
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	
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: **Joseph H. B. Patenaude** **17 Feb 00** **305 235 5855**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)