

**ZUOT UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

06-19-2001 90008 023 \*\*\*158.75

**DOCUMENT #** P00000041826

1. Entity Name

A-1 Agents, Inc.

Principal Place of Business

Mailing Address

604 McDaniel Street  
Sun City Center, FL 33573

C0071278

2. Principal Place of Business

3. Mailing Address

721 Umar Drive

721 Umar Drive

Subs. Apt. #, etc.

Subs. Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Sun City Center, FL

City & State  
Sun City Center, FL

4. FEI Number

59-3660957

Applied For

Not Applicable

Zip  
33573

Country  
USA

Zip  
33573

Country  
USA

6. Certificate of Status Desired

\$5.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

John B. Neukamm  
100 North Tampa Street  
Suite 1900  
Tampa, FL 33602

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 fee if applicable.

(NOTE: Registered Agent signature required upon filing)

Date

9. This corporation is eligible to satisfy its Intangible Tax filing requirements and elects to do so. (See criteria on back)

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:  Delete  
NAME: Seymour Weissman  
STREET ADDRESS: 604 McDaniel Street  
CITY-ST-ZIP: Sun City Center, FL 33573

TITLE:  Change  Addition  
NAME: D, P, S, T  
STREET ADDRESS: Margaret Connolly  
CITY-ST-ZIP:

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Change  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(5)(k), 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 807, 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:

Margaret Connolly  
Margaret Connolly

President April 26, 2001 (813) 634-8416

Signature of Officer or Director

Date

Phone No.

CPZ0304 (1/00)