## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Aug 01, 2001 8:00 am Secretary of State DOCUMENT # 717377 1. Entity Name 08-01-2001 90202 013 \*\*\*\*70.00 ALCO-HALL, INC. Principal Place of Business Mailing Address 60014738 1215 LAKE DRIVE 1215 LAKE DRIVE **COCOA FL 32922** COCOA FL 32922 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-7061960 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **MELTON, JONATHAN** Street Address (P.O. Box Number is Not Acceptable) 1215 LAKE DR COCOA FL 32922 Zip Code FL 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **FILE NOW: FEE IS \$61.25** 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change ☐ Addition GRIFFIN, DON NAME NAME STREET ADDRESS 6535 PLEASANT AVE STREET ADDRESS CITY-ST-7IP PT ST JOHN FL 32927 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME IVEY, JUDY NAME STREET ADDRESS 275 EAGLE LANE STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME **ELLIS, STEVE** NAME STREET ADDRESS 535 DELANNOY AVE. STREET ADDRESS CITY-ST-ZIP COCOA FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PATRICK, KENNY NAME STREET ADORESS 5493 FLINT RD. STREET ADDRESS CITY-ST-ZIP **COCOA FL** CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MELTON, JONTHAN NAME STREET ADDRESS 5540 FAN PALM AVE. STREET ADDRESS CITY-ST-ZIP COCOA FL 32927 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LENARD, MERIA NAME NAME STREET ADDRESS 1419 PEACHTREE ST STREET ADDRESS

FILED

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

COCOA FL 32922

7/30/01 321132-5958