

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90058 021 ***158.75

DOCUMENT # L88979



1. Entity Name
ALLTECH COMMERCIAL SERVICES, INC.

Principal Place of Business
**170 N. SUMMIT AVE.
P.O. BOX 255
LAKE HELEN FL 32744
US**

Mailing Address
**P O BOX 255
170 N SUMMIT AV
LAKE HELEN FL 32744
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3022663**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STOVER, SONNI M
170 N SUMMIT AVE
SUITE B
LAKE HELEN FL 32744**

Name
Lani D Stover
Street Address (P.O. Box Number is Not Acceptable)
773 E Kicklighter Road
City **Lake Helen** **FL** Zip Code
32744

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01-02-2003

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **STOVER, MIKE**
CITY-ST-ZIP **170 N. SUMMIT AVE.
LAKE HELEN FL**

TITLE ☒ Change ☐ Addition
NAME **DP ST**
STREET ADDRESS **Stover, Michael G Sr**
CITY-ST-ZIP

TITLE ☒ Delete
NAME **DST**
STREET ADDRESS **STOVER, SONNI**
CITY-ST-ZIP **170 N. SUMMIT AVE.
LAKE HELEN FL**

TITLE ☐ Change ☒ Addition
NAME **V**
STREET ADDRESS **Stover, Michael G Jr**
CITY-ST-ZIP **773 E Kicklighter Rd
Lake Helen, FL 32744**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **STOVER, THOMAS**
CITY-ST-ZIP **695 DARBONNE RD
DELAND FL**

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

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 607, 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.

SIGNATURE *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-02-03 8004979098
Date Daytime Phone #

CR2E034 (10/02)