

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L91670

FILED  
Jan 21, 2003  
Secretary of State

Entity Name: ALFONSO ARCHITECTS INTERIORS, INC.

**Current Principal Place of Business:**

1705 N 16TH ST  
TAMPA, FL 33605

**New Principal Place of Business:**

**Current Mailing Address:**

1705 N 16TH ST  
TAMPA, FL 33605

**New Mailing Address:**

FEI Number: 59-3036039      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

YOUNG, LEIGH M  
1705 N. 16TH ST.  
TAMPA, FL 33605      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ALFONSO, CARLOS J,  
Address: 1705 N 16TH ST  
City-St-Zip: TAMPA, FL

Title: P ( ) Delete  
Name: YOUNG, LEIGH M,  
Address: 1705 N 16TH ST  
City-St-Zip: TAMPA, FL

Title: D ( ) Delete  
Name: ALFONSO, ALBERT E  
Address: 1705 N 16TH ST  
City-St-Zip: TAMPA, FL

Title: D ( ) Delete  
Name: DELMONTE, ANGEL,  
Address: 1705 N 16TH ST  
City-St-Zip: TAMPA, FL

Title: D ( ) Delete  
Name: WHALLEN, DONALD  
Address: 1705 N. 16TH STREET  
City-St-Zip: TAMPA, FL 33605

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS J. ALFONSO

DIR

01/21/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date