

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90221 033 \*\*\*158.75

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #**  
1. Entity Name **STUART LODGE A.L.F., INC**  
**PO1000110016 ✓**

**DO NOT WRITE IN THIS SPACE**

90787

2. Principal Place of Business **2 PALMETTO DRIVE**  
Suite, Apt. #, etc. \_\_\_\_\_  
3. Mailing Address **2 PALMETTO DRIVE**  
Suite, Apt. #, etc. \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

City & State **STUART FLA.** City & State **STUART FLA.** 4. FEI Number **01-0631382** Applied For  
Not Applicable  
Zip **34996** Country **USA** Zip **34996** Country **USA** 5. Certificate of Status Desired  **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name **SHEILA HARRIGAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**2 PALMETTO DRIVE**  
City **STUART** FL Zip Code **34996**

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 \_\_\_\_\_ (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.   
January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT SHEILA HARRIGAN 2 PALMETTO DRIVE STUART, FLORIDA 34996</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.  
SIGNATURE: *Sheila Harrigan* **SHEILA HARRIGAN** 4/24/02 772-221-8251  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #