

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

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90170 020 ***150.00

DOCUMENT # **P95000008612**

1. Entity Name

AL-NALLI PRODUCTIONS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4851 GRIFFIN BLVD.

3. Mailing Address
4851 GRIFFIN BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FORT MYERS, FL

City & State
FORT MYERS, FL

4. FEI Number
65-0561400

Applied For

Not Applicable

Zip
33908

Country
USA

Zip
33908

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
NALLI, ALLAN W.

Street Address (P.O. Box Number is Not Acceptable)

4851 GRIFFIN BLVD.

City
FORT MYERS

FL

Zip Code
33908

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NALLI, ALLAN W. 4851 GRIFFIN BLVD. FORT MYERS, FL 33908	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, if not all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALLAN W. NALLI

PRESIDENT

2-14-03

Date

239-415-1712

Daytime Phone #

CR2E034B (12/02)