

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90053 025 ***150.00

DOCUMENT # P96000049284

1. Entity Name

ALNET TRANSPORTATION, INC.

Principal Place of Business

1 PURLIEU PLACE #224
WINTER PARK FL 32792

Mailing Address

1 PURLIEU PLACE #224
WINTER PARK FL 32792

2. Principal Place of Business

5971 BRICK COURT

Suite, Apt. #, etc.

Suite 200

3. Mailing Address

5971 BRICK COURT

Suite, Apt. #, etc.

Suite 200

City & State

WINTER PARK FL

City & State

WINTER PARK FL

Zip

32792

Country

SEMINOLE

Zip

32792

Country

SEMINOLE

4. FEI Number

59-3398239

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEINKEL, R L
201 W. CANTON AVENUE #150
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	D	☐ Delete
NAME	ALBORS, RENE	
STREET ADDRESS	1 PURLIEU PLACE #224	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	☐ Delete
NAME	ALBORS, THERESA	
STREET ADDRESS	1 PURLIEU PLACE #224	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	☐ Delete
NAME	HOWZE, SALLY	
STREET ADDRESS	1 PURLIEU PLACE #224	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-19-01

Date

407-6788634

Daytime Phone #

CR2E034 (10/00)