

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

ALMACO GROUP, INC.

P980000090145

AMENDED

FILED

00 APR -4 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business

100 E LINTON BLVD
STE 503A
DELRAY BEACH FL 33483

Mailing Address

100 E LINTON BLVD
STE 503A
DELRAY BEACH FL 33483-3353

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0879141

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONTGOMERY DRAKE
100 E LINTON BLVD
SUITE 503A
DELRAY BEACH, FL 33483

7. Name and Address of New Registered Agent

Name: Michael R. Tilley, Esq.
Street Address (P.O. Box Number is Not Acceptable):
2000 Glades Rd
Suite 208
City: Boca Raton FL Zip Code: 33431

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

MICHAEL TILLEY

(NOTE: Registered Agent signature required when reactivating)

03/23/00

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☒ Addition
PRESIDENT	MICHAEL HEDBERG	11684 WATERBEND COURT	WELLINGTON, FL 33414		
SECRETARY	ANTTI KASKINEN	3965 WHALE BOAT WAY	WELLINGTON, FL 33414		
CHAIRMAN	ULF HEDBERG	RENTVEANKATU 7	KAARINA, FINLAND, 20780		

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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

MONTGOMERY DRAKE

3/28/00

Date

(561) 278-1991

Daytime Phone #

CR2E034 (9/99)