

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90011 004 ***150.00

DOCUMENT # P99000049025

1. Entity Name
ALYGATOR SYSTEMS, INC.

C0083685



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 2763 E. WACO DR. 2763 E. WACO DR.
 DELTONA FL 32738 DELTONA FL 32738-1918

2. Principal Place of Business 3. Mailing Address
4269 S. Atlantic Ave. **P.O. Box 291788**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Daytona Beach, FL. **Port Orange, Florida**
 Zip Zip Country Country
32127 **32129-1788** **USA** **USA**

4. FEI Number Applied For
59-3579720 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KIMBALL, ALYSON L
~~5624 FINLEY DR.~~ → *new address*
PORT ORANGE FL 32127

7. Name and Address of New Registered Agent
 Name **Kimball, Alyson L.**
 Street Address (P.O. Box Number is Not Acceptable)
4764 S. Atlantic Ave. #2
 City **Ponce Inlet** FL Zip Code **32127**

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 *Alyson L. Kimball* DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President Alyson L. Kimball
STREET ADDRESS	4764 S. Atlantic Ave #2
CITY-ST-ZIP	Ponce Inlet, FL 32127
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Alyson L. Kimball* Date **4.26.00** Daytime Phone # **904.304.5650**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)