

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2001 08:00 AM
Secretary of State

DOCUMENT # P99000049025

1. Entity Name
ALYGATOR SYSTEMS, INC.

Principal Place of Business 4269 S ATLANTIC AVE DAYTONA BEACH FL 32127	Mailing Address PO BOX 291788 PORT ORANGE FL 321291788
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2. Principal Place of Business P.O. BOX 291788	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State PORT ORANGE FL	City & State
Zip 321291788	Country

4. FEI Number 59-3579720	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KIMBALL ALYSON L
 4764 S ATLANTIC AVE #2

PORT INLET FL
 32127 US

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** 05/01/2001
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 NAME STREET ADDRESS CITY-ST-ZIP	P KIMBALL ALYSON L 4764 S ATLANTIC AVE #2 PORT INLET FL 32127 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIMBALL ALYSON L 4764 S ATLANTIC AVE #2 PONCE INLET FL 32127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Pres 05/01/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)