

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 22, 2002 8:00 am**  
**Secretary of State**

07-22-2002 90159 005 \*\*\*150.00

**DOCUMENT # P99000049025**

**1. Entity Name**  
**ALYGATOR SYSTEMS, INC.**

**Principal Place of Business**  
**P.O. BOX 291788**  
**PORT ORANGE FL 32129-1788**

**Mailing Address**  
**PO BOX 291788**  
**PORT ORANGE FL 32129-1788**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **59-3579720**

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**KIMBALL, ALYSON L**  
**4764 S ATLANTIC AVE #2**  
**PONCE INLET FL 32127**

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. 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

**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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **P** ☐ Delete  
**NAME** **KIMBALL, ALYSON L**  
**STREET ADDRESS** **4764 S ATLANTIC AVE #2**  
**CITY-ST-ZIP** **PONCE INLET FL 32127**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**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**

**7/15/02**

**7/15/02**

**386-304-5792**

Date

Daytime Phone #

CR2E034 (4/02)



## **ALYGATOR SYSTEMS, INC.**

P.O. Box 291788

Port Orange, FL 32129-1788

Toll Free 877-515-0222 PH. 386-304-5793

[www.alygator.com](http://www.alygator.com)

Attachment  
10# Paq(W)49025  
BD130095

**Division Of Corporations**

**P.O. Box 1500**

**Tallahassee, FL. 32302-1500**

**July 15, 2002**

To Whom It May Concern,

This letter is in reference to the annual renewal of our UBR.  
We did not receive any notice until July 10, 2002 from The Division Of Corporations for our renewal.

Upon calling the phone number provided with the notice, we were instructed to send this letter along with our payment of \$150.00 for the renewal of our Corporate status.

Please call the above telephone numbers, write or email us with any questions you may have. Thank you

Sincerely,

Alyson L. Kimball- President