

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90057 044 \*\*\*150.00

0062504

**DOCUMENT # P99000056010**

1. Entity Name  
**ALDOMEG INCORPORATED**

Principal Place of Business 2102 E ROBINSON ST ORLANDO FL 32803	Mailing Address 2102 E ROBINSON ST ORLANDO FL 32803
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-3584132</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

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

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

**KOLTUN, JEFFREY M**  
**557 N. WYMORE ROAD**  
**SUITE 100**  
**MAITLAND FL 32751**

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 \_\_\_\_\_ (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**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	HOEKE, MARILYNN C		
2102 E ROBINSON ST	2102 E ROBINSON ST		
ORLANDO FL 32803	ORLANDO FL 32803		
VSD	BARNES, NICK		
2102 E ROBINSON ST	2102 E ROBINSON ST		
ORLANDO FL 32803	ORLANDO FL 32803		
T	HAYES, RICHARD F		
2102 E ROBINSON ST	2102 E ROBINSON ST		
ORLANDO FL 32803	ORLANDO FL 32803		

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:** *Richard F Hayes*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/6/01* *4078946722*  
 Date Daytime Phone #

CP2E034 (10/00)