2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 12, 2002 8:00 am Secretary of State P99000056010 DOCUMENT # 1. Entity Name 03-12-2002 90022 001 ***150.00 ALDOMEG INCORPORATED Principal Place of Business Mailing Address 2102 E ROBINSON ST 2102 E ROBINSON ST ORLANDO FL 32803 ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3584132 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOLTUN, JEFFREY M Street Address (P.O. Box Number is Not Acceptable) 557 N. WYMORE ROAD SUITE 100 MAITLAND FL 32751 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME HOEKE, MARILYNN C NAME 2102 E ROBINSON ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32803 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition **VSD** NAME BARNES, NICK NAME STREET ADDRESS STREET ADDRESS 2102 E ROBINSON ST CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32803 ☐ Addition TITLE ☐ Delete TITLE _ [] Change NAME HAYES, RICHARD F NAME STREET ADDRESS STREET ADDRESS 2102 E ROBINSON ST CITY-ST-ZIP ORLANDO FL 32803 CITY-ST-7IP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Change ☐ Addition TITI F Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-St-7IP 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.