

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V12248

1. Entity Name

AL-DAN INCORPORATED

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90288 010 ***150.00

Principal Place of Business

Mailing Address

504 JENNIFER LANE
 WINDERMERE FL 34786
 US

P. O. BOX 1698
 WINDERMERE FL 34786-1698
 US

83000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5142 Pine Top Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando, FL

Zip

Country

Zip

Country

32819

USA

4. FEI Number

59-3107578

Applied For

Not Applicable

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

CAVALLO, DANIEL
 504 JENNIFER LANE
 WINDERMERE FL 34786

Name

Street Address (P.O. Box Number is Not Acceptable)

5142 Pine Top Place

City

Orlando

FL

Zip Code

32819

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 Daniel Cavallo X Daniel Cavallo
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/2/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | | |
|--|--|---------------------------------|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CAVALLO, DANIEL 504 JENNIFER LANE WINDERMERE FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 5142 Pine Top Place Orlando, FL 32819 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPST CAVALLO, ALICE 504 JENNIFER LANE WINDERMERE FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 5142 Pine Top Place Orlando, FL 32819 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:

Alice P. Cavallo Alice P. Cavallo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-876-3033

CR2E034 (9/99)