

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000065726

1. Entity Name

ALERAC, CORP.

Principal Place of Business

Mailing Address

6466 Lake Worth Road
Lake Worth, FL 33463

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0684752

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

Bernard Holmstock
6466 Lake Worth Road
Lake Worth, Florida 33463

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

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

President Bernard Holmstock
6466 Lake Worth Rd.
Lake Worth, FL 33463

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TITLE NAME STREET ADDRESS CITY - ST - ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP

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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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-01

Date

968-7300

Daytime Phone #

202

ALERAC, CORP
6466 Lake Worth Road
Lake Worth, FL 33463
Office (561) 968-7300
Fax (561) 968-8062

October 22, 2001

Re: Alerac, Corp.
6466 Lake Worth Road
Lake Worth, FL 33463
FEI: 65-0684752


To Whom It May Concern,

I am writing this letter to request that the reinstatement fee of \$600.00 be waived. Alerac, Corp. moved to a different location and the annual reports were never sent to that address. The current address will appear on the annual report.

I have always paid and filed all corporate liabilities on a timely basis since I have been in business. I never intentionally neglected this responsibility

Enclosed please find a check for \$450.00 for the years 1999 through 2001 inclusive.

Thank you for your assistance with this matter.


Bernard Holmstock
Alerac, Corp.