2003 FOR PROFIT CORPORATION

Mailing Address

11257 U.S. HIGHWAY ONE

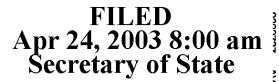
NORTH PALM BEACH FL 33408

UNIFORM BUSINESS REPORT (UBR) P00000067934 **DOCUMENT #** 1. Entity Name A.L.T., INC.

Principal Place of Business

NORTH PALM BEACH FL 33408

11257 U.S. HIGHWAY ONE



04-24-2003 90125 013 ***150.00

TTATION



2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address								
		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & Stat	e	City & State				4. FE! Number 65-1035674		⊢- +-	pplied For lot Applicable	
Zip	Country	Zip		Country		5 . C	Certificate of Status Desired	\$8.75 Ac Fee Requir		
6. Name and Address of Current Registered Agent						7. N	ame and Address of New Registere	d Agent		
and the second s					Name					
CASHMAN, JUDY					Street Address (P.O. Box Number is Not Acceptable)					
11257 U.S	S. HIGHWAY ONE									
NORTH PA	ALM BEACH FL 33408									
				Cit	у		F	Zip Co	de	
	named entity submits this statement f tions of registered agent.	or the purpose of c	hanging its re	gistered off	ice or regis	tered age	ent, or both, in the State of Florida. I a	m familiar with	, and accept	
SIGNATURE .	Signature, typed or printed name of registered agen	and title if applicable.	(NOTE: R	Registered Agent	signature requi	ired when rei	nstating) DAT			
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	of State					Election Campaign Financing Trust Fund Contribution.		00 May Be	
10.	OFFICERS AND	DIRECTORS		11.		ADI	DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P A GADOMSKI, TOMASZ 8774 SE WATER OAK PL TEQUESTA FL 33459		Delete	TITLE NAME STREET ADD CITY-ST-ZI				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUCZKOWIEC, ARTHUR 120 DAY LILY DR JUPITER FL 33458		Delete	TITLE NAME STREET ADD CITY-ST-ZII				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCZKOWIEC, JAROSLAW 34 CHENANGO DR POWELL OH 43065		Delete	ȚITLE NAME STREET ADD CITY-ST-ZIF		~-, ·		Change	Addition	
TITLE NAME STREET ADDRESS ' CITY-ST-ZIP	S CASHMAN, JUDY 16417 SW TWO WOOD WAY INDIANTOWN FL 34956		Delete	TITLE NAME STREET ADD CITY-ST-ZH	i			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADO CITY-ST-ZIE				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied wit		Delete	TITLE NAME STREET ADD CITY-ST-ZIF				Change	☐ Addition	

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.