

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90125 013 \*\*\*150.00

**DOCUMENT # P00000067934**

1. Entity Name  
**A.L.T., INC.**



Principal Place of Business  
**11257 U.S. HIGHWAY ONE  
NORTH PALM BEACH FL 33408**

Mailing Address  
**11257 U.S. HIGHWAY ONE  
NORTH PALM BEACH FL 33408**

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 **65-1035674**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

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

**CASHMAN, JUDY  
11257 U.S. HIGHWAY ONE  
NORTH PALM BEACH FL 33408**

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

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. I am familiar with, and accept the obligations of registered agent.

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  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GADOMSKI, TOMASZ</b>	
STREET ADDRESS	<b>8774 SE WATER OAK PL</b>	
CITY-ST-ZIP	<b>TEQUESTA FL 33459</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>LUCZKOWIEC, ARTHUR</b>	
STREET ADDRESS	<b>120 DAY LILY DR</b>	
CITY-ST-ZIP	<b>JUPITER FL 33458</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LUCZKOWIEC, JAROSLAW</b>	
STREET ADDRESS	<b>34 CHENANGO DR</b>	
CITY-ST-ZIP	<b>POWELL OH 43065</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>CASHMAN, JUDY</b>	
STREET ADDRESS	<b>16417 SW TWO WOOD WAY</b>	
CITY-ST-ZIP	<b>INDIANTOWN FL 34956</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ARTHUR LUCZKOWIEC - VP**

Date

**04/09/2003**

Daytime Phone #

CR2E034 (10/02)