## **FILED** Apr 28, 2003 8:00 am Secretary of State

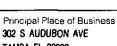
04-28-2003 90500 041 \*\*\*150.00

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

P98000070995

**DOCUMENT #** 

1. Entity Name A.L. COMMERCIAL, INC.



Mailing Address C/O JOSEPH L. DIAZ. ESQ.

TAMPA FL 33	609			2522 W KENNEDY BLVD TAMPA FL 33609									
2. Principal Place of Business			3. Ma	3. Mailing Address					601H 60H		######################################	1818) BANK 1991	
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City	City & State			4.	4. FEI Number 59-3531307			Applied For Not Applicable		
Zip Country			Zip	Zip		ountry		Certificate of Status Desired	j [	\${	<b>3.75</b> Ad e Require	ditional ed	
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent						
						Name .							
DIAZ, JOSEPH L							Street Address (P.O. Box Number is Not Acceptable)						
2522 W K	ennedy bi	.VD		Street Address			.0.1) 88911	DOX NUMBER IS NOT ACCEPTE	DIG)				
TAMPA FL 33609											-		
						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.													
CIONATURE													
SIGNATORIE	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
	ij e NOMII	! FEE IS \$150.0	nn	T		-				•••			
After May 1, 2003 Fee will be \$550.00								9. Election Campaign				<b>)0</b> May Be	
Make Check Payable to Florida Department of State								Trust Fund Contribu	tion.		Adde	d to Fees	
10.			S AND DIRECTO	DRS		A	L \DDITIONS/CHANGES TO C	FFICER	RS AND D	RECTOR	S IN 11		
TITLE	מ	<del></del>		☐ Delete	TITLE						Change	Addition	
NAME	LEFLER, A	NTHONY			NAM					_			
STREET ADDRESS 302 S AUDUBON AVE				STE		ET ADDRESS							
CITY-ST-ZIP	TAMPA FL				CITY	-ST-ZIP							
TITLÉ				☐ Delete	TITLE			···		Ϊ	Change	Addition	
NAME					NAM	<u> </u>						_	
STREET ADDRESS			•		STRE	ET ADDRESS							
CITY-ST-ZIP					CITY	-ST-ZIP							
TITLE	-	<del></del>		Delete	TITLE			Terror Tarres			Change	Addition	
NAME					NAM								
STREET ADDRESS	<u> </u>				STRE	ET ADDRESS							
CITY-ST-ZIP					CITY	-ST-ZIP						•	
TITLE	}			☐ Delete	TITLE						Change	Addition	
NAME					NAME								
STREET ADDRESS						ET ADDRESS							
CITY-ST-ZIP				<del>-</del>	CITY-	ST-ZIP		·- <u></u>		·			
TITLE				Delete	TITLE						] Change	☐ Addition	
NAME					NAME							1	
STREET ADDRESS						ET ADDRESS							
CITY-ST-ZIP				_ <del></del>	_	ST-ZIP							
TITLE				☐ Delete	TITLE						] Change	☐ Addition	
NAME					NAME							ĺ	
STREET ADDRESS					T ADDRESS						}		
CITY-ST-ZIP					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:

Daytime Phone #