### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**PVPS** 

SIGNATURE: GERALD J. WALENDY

Electronic Signature of Signing Officer/Director Detail

# Entity Name: ALSOS NATIONAL DISTRIBUTOR, INC.

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

# **Current Principal Place of Business:**

4277 45TH AVE N ST PETERSBURG, FL 33714

DOCUMENT# P13000072380

# **Current Mailing Address:**

4277 45TH AVE N ST PETERSBURG, FL 33714

### FEI Number: 80-0949203

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

WALENDY, GERALD J 4277 45TH AVE N ST PETERSBURG, FL 33714 US

**Officer/Director Detail :** 

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:

Title	PVPS	Title	т
Name	WALENDY, GERALD J	Name	WALENDY, GERALD J
Address	4277 45TH AVE N	Address	4277 45TH AVE N
City-State-Zip:	ST PETERSBURG FL 33714	City-State-Zip:	ST PETERSBURG FL 33714

01/28/2015

# FILED Jan 28, 2015 Secretary of State CC8787454645

Date

Certificate of Status Desired: No

SBURG S 33

#### Date