

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # 434522

1. Entity Name
JUDY ALVAREZ CLUB TENNIS, INC.



Principal Place of Business

**8419 HUBERT AVE
TAMPA, FL 33614**

Mailing Address

**8419 HUBERT AVE
TAMPA, FL 33614**

DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1564161

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ALVAREZ, JUDY
8419 HUBERT AVE
TAMPA, FL 33614**

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000036073
02/06/04-80044-006 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ALVAREZ, JUDY
STREET ADDRESS 8419 HUBERT AVE
CITY - ST - ZIP TAMPA, FL 33614

TITLE ST
NAME ALVAREZ, ANNA
STREET ADDRESS 404 W DAVIS BLVD
CITY - ST - ZIP TAMPA, FL 33606

TITLE V
NAME ALVAREZ, OSCAR
STREET ADDRESS 404 W DAVIS BLVD
CITY - ST - ZIP TAMPA, FL 33606

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

Judy Alvarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUDY ALVAREZ

Date

Daytime Phone #