

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90159 028 ***150.00

0408170 AV

DOCUMENT # 536163

1. Entity Name
FRED W. AHLEMEIER, CO. OF FLORIDA

Principal Place of Business
**934 SAN CARLOS DR
 FT MYERS BCH FL 33931-2226**

Mailing Address
**934 SAN CARLOS DR
 FT MYERS BCH FL 33931-2226**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
8505 Delmar Blvd Ste C
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
St. Louis MO

4. FEI Number
43-1146040

Applied For
 Not Applicable

Zip Country

Zip Country
63124 USA

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

6. Name and Address of Current Registered Agent

**AHLEMEIER, BARRY W
 934 SAN CARLOS DRIVE
 FORT MYERS BEACH FL 33931**

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.

SIGNATURE **Barry W. Ahlemeier President**

(NOTE: Registered Agent signature required when reinstating)

DATE

3/6/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD <input type="checkbox"/> Delete
NAME	AHLEMEIER, BARRY W.
STREET ADDRESS	934 SAN CARLOS DR.
CITY-ST-ZIP	FORT MYERS BEACH FL 33931
TITLE	STD <input type="checkbox"/> Delete
NAME	AHLEMEIER, MARCELLA
STREET ADDRESS	8505 DELMAR BLVD
CITY-ST-ZIP	ST LOUIS MO
TITLE	V <input type="checkbox"/> Delete
NAME	NORTON, JOHN
STREET ADDRESS	4539 SW 6TH AVE.
CITY-ST-ZIP	CAPE CORAL FL 33914
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Barry W. Ahlemeier** **REQUIRE** **Barry W. Ahlemeier, Pres. 3/6/02 (314) 991-5100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)