2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

666121 **DOCUMENT #**

1. Entity Name

ALTERNATOR STARTER, INC.



FILED Mar 26, 2003 8:00 am Secretary of State

03-26-2003 90145 033 ***150.00



Principal Place of Business 1900 E MAIN STREET LEESBURG FL 34748			Mailing Address 1900 E MAIN STREET LEESBURG FL 34748									
2. Principal Pl	lace of Busin	3. Mailing Address										
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				XX CHECK HERE IF MAKING CHANGES					
City & State			City & State					4. FEI Number 59-2008344 Applied For Not Applicable				
Zip	p Country		Zip Co		Count	ountry		5 . C	Certificate of Status Desired		8.75 Add	ditional
	6. Name	and Address of Current	Registered A	gent				7. N	lame and Address of New Regi	stered Ag	ent	
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BOWSER, 1900 S HV			Str			Street A	treet Address (P.O. Box Number is Not Acceptable)					
LEESBURG	3 FL 32748	en e									,	
, ,						City				FL	Zip Cod	e
the obligati	ions of regist					ed office or			ent, or both, in the State of Florid	a. I am far	niliar with,	and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS								ADI	Election Campaign Financ Trust Fund Contribution. DITIONS/CHANGES TO OFFICE		Added	May Be I to Fees
TITLE NAME STREET ADDRESS		ERNEST R. 441 SOUTH		Delete	TITLE NAME STREE						Change	Addition
NAME STREET ADDRESS	ST BOWSER, 1900 U S LEESBURG	441 SOUTH		Delete			1900	ER, EA	NT LOIS ST MAIN STREET G FL 34748	X	Change _.	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-s engage		ود. بچمنوا مینسین	□ Delete □			VICE ALLEI 1900	PR N T EA	ESIDENT . PETERS ST MAIN STREET G. FL 34748	[☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			KELL: 1900	I R EA	RY/TREASURER . STUTSON ST MAIN STREET G. FL 34748		☐ Change	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	1					[_ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	arkif, short t	information and the Market		☐ Delete	CITY-	T ADDRESS ST-ZIP	-1:-0		19 07(3)(i) Florida Statutes I fur		_ Change	Addition

intereby certify that the information supplied with this filling 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:

(352) 728-5007 Daytime Phone #