

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725179

1. Entity Name

THE ALCOSA INC

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90040 044 ****61.25

Principal Place of Business

Mailing Address

292 4TH AVE S
NAPLES FL 34102
US

292 4TH AVE S
NAPLES FL 34102-6337
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POLLARD, ROSE MARY
292-4TH AVE S
NAPLES FL 34102

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	HOFFMAN, HOWARD	
STREET ADDRESS	298 FOURTH AVE SOUTH	
CITY-ST-ZIP	NAPLES FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	POLLARD, ROSEMARY	
STREET ADDRESS	292 FOURTH AVE SOUTH	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	POLLARD, GEORGE	
STREET ADDRESS	292 FOURTH AVE SOUTH	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GUBSER, CAROL	
STREET ADDRESS	294 FOURTH AVE SOUTH	
CITY-ST-ZIP	NAPLES FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MARSHALL, GEORGE	
STREET ADDRESS	296 4TH AVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARSHALL, DOROTHY	
STREET ADDRESS	296 FOURTH AVE SOUTH	
CITY-ST-ZIP	NAPLES FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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 617, 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: ROSEMARY POLLARD TREASURER 2/8/00 94-261-1359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)