

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90014 023 ****61.25

DOCUMENT # 725179

1. Entity Name
THE ALCOZA INC

Principal Place of Business

292 4TH AVE S
 NAPLES FL 34102
 US

Mailing Address

292 4TH AVE S
 NAPLES FL 34102
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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 NAME	PD HOFFMAN, HOWARD	<input type="checkbox"/> Delete
STREET ADDRESS	298 FOURTH AVE SOUTH	
CITY-ST-ZIP	NAPLES FL	
TITLE NAME	T POLLARD, ROSEMARY	<input type="checkbox"/> Delete
STREET ADDRESS	292 FOURTH AVE SOUTH	
CITY-ST-ZIP	NAPLES FL	
TITLE NAME	D POLLARD, GEORGE	<input type="checkbox"/> Delete
STREET ADDRESS	292 FOURTH AVE SOUTH	
CITY-ST-ZIP	NAPLES FL	
TITLE NAME	S GUBSER, CAROL	<input type="checkbox"/> Delete
STREET ADDRESS	294 FOURTH AVE SOUTH	
CITY-ST-ZIP	NAPLES FL	
TITLE NAME	D GARTZ, BRIAN W	<input type="checkbox"/> Delete
STREET ADDRESS	296 4TH AVE	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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* **ROSE MARY POLLARD** 2/17/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)