

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 825249

1. Entity Name

ALBA-INVESTMENT & DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

4545 BAYWALK CIRCLE
PENSACOLA FL 32514

4545 BAYWALK CIRCLE
PENSACOLA FL 32514

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BACH, ALFONS
4545 BAYWALK CIRCLE
PENSACOLA FL 32514

7. Name and Address of New Registered Agent

Name

BACH, ANITA S

Street Address (P.O. Box Number is Not Acceptable)

4545 BAYWALK CIRCLE

City

PENSACOLA

FL

Zip Code
32514

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

Anita S. Bach

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/2001

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, 2001 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

TITLE	VSD	<input type="checkbox"/> Delete
NAME	BACH, ANITA S	
STREET ADDRESS	4545 BAYWALK CIRCLE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	PCD	<input checked="" type="checkbox"/> Delete
NAME	BACH, ALFONS	
STREET ADDRESS	4545 BAYWALK CIRCLE	
CITY-ST-ZIP	PENSACOLA FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VSD/PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACH, ANITA S	
STREET ADDRESS	4545 BAYWALK CIRCLE	
CITY-ST-ZIP	PENSACOLA, FL. 32514	
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

Anita S. Bach

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANITA S. BACH

Date

1/12/2001

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90110 031 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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