

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # F00000000561

1. Entity Name
ALTERNATE LAKEVIEW INVESTMENT CORPORATION



FILED

03 MAY -1 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
5601 SOUND BLUFF ROAD
OCEAN SPRINGS MS 39564

Mailing Address
5601 SOUND BLUFF ROAD
OCEAN SPRINGS MS 39564

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 72-1395328

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

03

6. Name and Address of Current Registered Agent

BARR, SUSAN
9200 COLLEGE PARKWAY
FORT MYERS FL 33919

7. Name and Address of New Registered Agent

Name Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)

1201 2 Hays Street
City Tallahassee FL Zip Code 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Smita B. Sangani Cynthia L. Harris
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) as its agent
DATE 5/1/03 March 21, 2003

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SANGANI, BHARAT H 5601 SOUND BLUFF ROAD OCEAN SPRINGS MS 39564	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SANGANI, BHARAT H 5601 SOUND BLUFF ROAD OCEAN SPRINGS MS 39564	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SANGANI, SMITA B 5601 SOUND BLUFF ROAD OCEAN SPRINGS MS 39564	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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 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: Smita H. Sangani 4/28/03 228-864-9888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)



2052

ACCOUNT NO. : 072100000032

REFERENCE : 982302 7203542

AUTHORIZATION :

Patricia Pugh

COST LIMIT : \$ 150.00

ORDER DATE : March 25, 2003

ORDER TIME : 11:48 AM

ORDER NO. : 982302-020

CUSTOMER NO: 7203542

CUSTOMER: Ms. Jerri Lynn Neumaier
Encore Enterprises
Suite 200
1201 25th Avenue
Gulfport, MS 39501

RECEIVED
03 MAY - 1 PM 1:01
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: ALTERNATE LAKEVIEW INVESTMENT
CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd-EXT#1140

EXAMINER'S INITIALS: _____