2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

F01000006190

1. Entity Name ALC: INC



FILED Apr 04, 2003 8:00 am Secretary of State ,

04-04-2003 90368 001 ***300.00

ALCI, INC									
Principal Plac 26 SPANISH S ST AUGUSTIN	ST.	Mailing Address 26 SPANISH ST ST AUGUSTINE US			- 				
2. Principal P	lace of Business	3. Mailing Addre	ess] <u> </u>	851 88 11 1 931\$1 3(91) BB1)1 B			14111 0011 1501
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Nu	umber 59-353230 0)	_ 	plied For t Applicable
Zip	Country	Zip	Cour	ntry	5. Certific	cate of Status Desired		8.75 Add	
	6. Name and Address of Current	Registered Agent		1	7. Name	and Address of New F	Registered A	gent	
		<u> </u>	4	Name					
DOBSON, GEOFFREY B 66 CUNA ST.		Street Addres		Street Address	(P.O. Box Number is Not Acceptable)				
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ST AUGU	STINE FL 32084	•		City			FL	Zip Cod	9
	named entity submits this statement folions of registered agent.	r the purpose of cha	anging its register	I red office or registe	red agent, o	r both, in the State of Flo	orida. I am fa	miliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Register	ed Agent signature require	d when reinstatin		DATE		
		J						-	
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 Fit Trust Fund Contribution			0 May Be I to Fees
10.	OFFICERS AND		/ 11.		ADDITIO	NS/CHANGES TO OFF	FICERS AND	DIRECTORS	S IN 11
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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:

904 829-2772