

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F35665

1. Entity Name

ALI-ROB, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90077 005 ***150.00

Principal Place of Business

Mailing Address

129 CARMALITA ST.
 PUNTA GORDA FL 33950

129 CARMALITA ST.
 PUNTA GORDA FL 33950-5656

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2107861

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

BARLEY, MICHAEL J.
 409 POMPANO TERR.
 PUNTA GORDA FL 33950

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Delete
 NAME BARLEY, MICHAEL J.
 STREET ADDRESS 409 POMPANO TERR.
 CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPD Delete
 NAME BARLEY-NOVAK, ALICE
 STREET ADDRESS 3601 ASH ST
 CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE STD Delete
 NAME BARLEY, GEORGIA C
 STREET ADDRESS 1217 PETRONIA ST
 CITY-ST-ZIP NORTH PORT FL 34286

TITLE STD Change Addition
 NAME BARLEY, GEORGIA C
 STREET ADDRESS 97 BARSTOW ST.
 CITY-ST-ZIP PT. CHARLOTTE, FL 33954

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00 (941)639-5245
 Date Daytime Phone #



DO NOT WRITE IN THIS SPACE