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2002 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # F80183  1. Entity Name  ALAN J. COURTNEY, INC.								Jan 08, 2002 8:00 am Secretary of State 01-08-2002 90026 021 ***158.75					
Principal Place of Business 44 COCOANUT ROW PALM BCH FL 33490				Mailing Address 44 COCOANUT ROW PALM BCH FL 33480									
2. Principal F	Place of Busin	1000		3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State				City & State			4.	FEI Number	NOT APF	PLICABLE		pplied For ot Applicable	,
Zip Country			try	Zip	ntry	5.	Certificate o	f Status Desire	d <b>[X</b>	\$8.75 Ad Fee Require	ditional ed	1	
	6. Name	and Ad	dress of Current Re	gistered Agent			7.	Name and A	ddress of Nev	v Registered	•		1
COURTNEY, ALAN J.						Name				,			
44 COCONUT ROW						Street A	ddress (P.O.	Box Number	is Not Accepta	ıble)			
PALM BE	ACH FL 334	180											1
5						City				FL	Zip Cod	le	1
8. The above	named entity	submit	s this statement for th	ne purpose of changing its	registe	red office or	registered a	igent, or both	in the State of	Florida.			1
SIGNATURE ,													
	•		ame of registered agent and		-		ure required when	reinstating)		DATE			4
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  (See criteria on back):							50.00 Lof State ∴	10. Election Campaign Financing \$5.00 May Be Trust Fund, Contribution. Added to Fees.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
	Secretary PD	图 演 游	OFFICERS AND DI	RECTORS,型外分类的			Edik, 1974	DDITIONS/C	HANGES TO C	FFICERS AN			٦,
NAME STREET ADDRESS CITY-ST-ZIP	COURTNE 44 COCO/ PALM BCH	anut f	IOW IOW	☐ Delete							☐ Change	☐ Addition	10,07
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		☐ Delete							☐ Change	Addition	18
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					· <u> </u>		☐ Change	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition	
TITLE NAME				☐ Delete	TITL	· 1				-	☐ Change	Addition	

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 inclicated 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:

SIGNATURE:

Date

Date

Date

Date

Description Statutes and Trythough Statutes and

CITY-ST-ZIP TITLE TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

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··· Change

3800

☐ Addition