

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90108 002 ***150.00

DOCUMENT # F94000005035

1. Entity Name

ALSDORF ENTERPRISES, INC.

Principal Place of Business

**209 E. LAKE SHORE DR.
 #15W
 CHICAGO IL 60611-1307**

Mailing Address

**209 E. LAKE SHORE DR.
 #15W
 CHICAGO IL 60611-1307**

2. Principal Place of Business

3. Mailing Address

1751 SUNNYSIDE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MAITLAND FL

Zip

Country

Zip

Country

32751

USA

4. FEI Number

36-3977741

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ALSDORF, MARILYNN B
 4811 CLEVELAND AVENUE
 FT. MYERS FL 33907**

7. Name and Address of New Registered Agent

Name

CARLA P. MUSSELMAN, CPA

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

1751 SUNNYSIDE DR.

City

MAITLAND

FL

Zip Code

32751

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

Carla P. Musselman, CPA

3/15/02

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.
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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 **PSD** ☐ Delete
 NAME **ALSDORF, MARILYNN B**
 STREET ADDRESS **209 E LAKE SHORE DRIVE NW**
 CITY-ST-ZIP **CHICAGO IL 60611-1307**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Carla P. Musselman

3/15/02

Date

Daytime Phone #

CR2E034 (9/01)