## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATUÆE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

## FILED **DOCUMENT # G50371** Apr 03, 2000 8:00 am Secretary of State ALSECO, INC. 04-03-2000 90122 020 \*\*\*150.00 Principal Place of Business Mailing Address 2812 N ORANGE BLOSSOM TR 2812 N ORANGE BLOSSOM TR ORLANDO FL 32804 ORLANDO FL 32804-4305 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 59-2309341 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JAMES A. GRIDLY JR. GRADY, JAMES A Street Address (P.O. Box Number is Not Acceptable) 1263 CROSSFIELD DR APOPKA FL 32703 8003 Country RUN PKWY 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE ☐ Delete LOY, WILLIAM R NAME STREET ADDRESS 4720 DAVISSON AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32804 TITLE Addition Delete TITLE GRADY, JAMES A JR. NAME NAME 8003 COUNTRY RUN PKWY. 1263 CROSSFIELD DR. STREET ADDRESS STREET ADDRESS APOPKA FL 32703 CITY-ST-ZIP ORLANDO FL 32818 CITY-ST-ZIP Change ☐ Addition TITI F ☐ Delete TITLE JOHNSTON, THOMAS W NAME NAME 2301 ABSHER RD STREET ADDRESS 1155 NINATZOOSSEE Rd. STREET ADDRESS CITY-ST-ZIP St. Cloud, FL. 34771 CITY-ST-ZIP ST CLOUD FL 34771 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

JAMES A Grady Ja. PIESWENT 3-28:00 407:423-5800