2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED **DOCUMENT # H13052** Apr 07, 2000 8:00 am Secretary of State ALCO ASSOCIATES, INC. 04-07-2000 90022 046 ***150.00 Principal Place of Business Mailing Address 6280 66TH STREET NORTH 4100 ASSOCIATES, INC PINELLAS PARK FL 33781-5026 0000 66TH STREET NORTH ____^ PARK FL 33781 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number -59-2494947 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MALLER, HENRY A Street Address (P.O. Box Number is Not Acceptable) 6280 66TH STREET NORTH PINELLAS PARK FL 33781 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME MALLER, ALLAN NAME STREET ADDRESS STREET ADDRESS 6280 66TH ST N CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL Addition ☐ Change □ Delete TITLE MALLER, HENRY A NAME STREET ADDRESS 6280 66TH ST N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP ☐ Change ■ Addition . Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE JITL€ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied indicated on this report or supplemental report the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information hy signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee changed, or on an attachment with an addr