

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H74415

1. Entity Name

AL-ENCO, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90024 045 ***150.00

Principal Place of Business

735 COMMERCE CIR
 LONGWOOD FL 32750
 US

Mailing Address

735 COMMERCE CIR
 LONGWOOD FL 32750-3609
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2577605

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

ALLEN, RONALD P.
 2104 VENETIAN WY
 WINTER PARK FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)
 940 Douglas Avenue #103

City Altamonte Springs

FL

Zip Code
 32714

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

Ronald P. Allen

Ronald P. Allen, President

4/24/00

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, 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PD
 ALLEN, RONALD P
 2104 VENETIAN WAY
 WINTER PRK FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 940 Douglas Avenue #103
 Altamonte Springs, FL 32714

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 S
 GAIL, KELLY L
 32440 COUNTY RD 437
 SORRENTO FL 32776

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Ronald P. Allen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD P. ALLEN, PRESIDENT

4/24/00

Date

Daytime Phone #

(407)

774-7100

CR2E034 (9/99)