

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90380 022 ***150.00

DOCUMENT # J19032

1. Entity Name

ALAN SQUITIERI, INCORPORATED

Principal Place of Business

**2105 NW 40TH TERR
 GAINESVILLE FL 32605
 US**

Mailing Address

**PO BOX 357760
 GAINESVILLE FL 32635
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3940 N. W. 16th Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Building A

City & State

City & State

Gainesville, Florida

Zip

Country

Zip

Country

32605

4. FEI Number

59-2719084

Applied For

Not Applicable

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

SALTER, JAMES

**703 NORTHEAST 1ST STREET
 GAINESVILLE FL 32601**

Name

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

3940 N. W. 16th Blvd. Building "B"

City

Gainesville

FL

Zip Code
32605

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **SQUITIERI, ALAN**
 STREET ADDRESS **2105 NW 40TH TERR**
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **3940 N. W. 16th Blvd. Bldg A**
 CITY-ST-ZIP **Gainesville, FL 32605**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-2002

Date

352 367-9092

Daytime Phone #

CR2E034 (9/01)