2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J90976 1. Entity Name ALRO'S 24-HOUR EMERGENCY TRUCK REPAIR SERVICE, I NC.							Jan 28, 2002 8:00 am Secretary of State 01-28-2002 90058 018 ***150.00				
Principal Plac % ROYCE W. 9715 SIDNEY ORLANDO FL	BECK HAYES ROAD		Mailing Address P.O. BOX 593883 ORLANDO FL 32859-3883 US								
2. Principal P	lace of Busin	ess	3. Mailing Address				T LEBRING BURN KONN ORING TONIN THRUG BUNL BIRDIN CHON BURN CHON BYEN DIGHT BURN LOSS (1981)				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. F	59-2840415			plied For t Applicable	
Zip	Country		Zip	<u></u>			ertificate of Status Desired	F ₆	8.75 Addi se Required		
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					
BECK, ROYCE W. 9715 SIDNEY HAYES ROAD ORLANDO FL 32824					Street Address (P.O. Box Number is Not Acceptable)						
OREANDO I E 32027					City FL Zip Code					,	
						00 State	10. Election Campaign Fin Trust Fund Contribution	n. 🗆	Added	May Be to Fees	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BECK, RO 14646 BO ORLANDO	GGY CREEK ROAD	☐ Delete			ADI	OITIONS/CHANGES TO OFF	(Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BECK, CA 14646 BO ORLANDO	GGY CREEK ROAD	☐ Delete					[Change	☐ Addition 6	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete Delete		I			[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I			. [Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I			I	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I				Change	Addition	

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.

SIGNATURE: