

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90018 046 \*\*\*158.75

**DOCUMENT # K10994**

1. Entity Name .

ALAN MFG., INC.

Principal Place of Business

2159 LOGAN ST  
 CLEARWATER FL 34625

Mailing Address

2159 LOGAN ST  
 CLEARWATER FL 34625

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2873005**

Applied For  
 Not Applicable

Zip Country

Zip ntry

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

FELDMAN, ALAN  
 2159 LOGAN ST  
 CLEARWATER FL 34625

Name

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

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-20-01

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, 2001 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  
 NAME FELDMAN, LEALA  
 STREET ADDRESS 2159 LOGAN ST  
 CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE VD  
 NAME FELDMAN, LEALA ☒ Change ☐ Addition  
 STREET ADDRESS 2159 LOGAN ST.  
 CITY-ST-ZIP CLEARWATER, FL.

TITLE SD  
 NAME FELDMAN, ALAN  
 STREET ADDRESS 2159 LOGAN ST  
 CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE PD  
 NAME ALAN FELDMAN ☒ Change ☐ Addition  
 STREET ADDRESS 2159 LOGAN ST.  
 CITY-ST-ZIP CLEARWATER, FL.

TITLE T  
 NAME FELDMAN, LAURA  
 STREET ADDRESS 2159 LOGAN ST  
 CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE V  
 NAME GINER, LAURA ☒ Change ☐ Addition  
 STREET ADDRESS 2159 LOGAN ST.  
 CITY-ST-ZIP CLEARWATER, FL.

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE T  
 NAME GINER, GEOFFREY ☐ Change ☒ Addition  
 STREET ADDRESS 2159 LOGAN ST.  
 CITY-ST-ZIP CLEARWATER, FL.

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-20-01

CR2E034 (10/00)