2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 09, 2001 8:00 am **DOCUMENT # K84766 Secretary of State** 1. Entity Name ALDED INVESTMENT COMPANY 03-09-2001 90003 026 ***150.00 Principal Place of Business Mailing Address C/O JAMES KARL & ASSOCIATES C/O JAMES KARL & ASSOCIATES 740464 975 N COLLIER BY 975 N COLLIER BY MARCO ISLAND FL 33937 MARCO ISLAND FL 33937 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-3511158 4. FEI Number Not Applicable Zip Country Zip Country \$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 BERG. CHRISTER Street Address (P.O. Box Number is Not Acceptable) C/O JAMES KARL & ASSOCIATES 975 N COLLIER BY MARCO ISLAND FL FL 33937 City 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) ,., . . . Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) Addition TITLE TITLE Change ☐ Delete BERG, CHRISTER NAME NAME C/O JAMES KARL & ASSOC, 975 N COLLIER BLVD STREET ADDRESS STREET ADDRESS MARCO ISLAND FL 34145 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition BERG, CHRISTER NAME NAME C/O JAMES KARL & ASSOC, 975 N COLLIER BLVD STREET ADDRESS STREET ADDRESS MARCO ISLAND FL 34145 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE -- Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

ED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPE

Daytime Phone #