

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90307 003 ***150.00

DOCUMENT # **L 30511**

1. Entity Name
ALLTECH of CENTRAL FLORIDA, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2648 SHAD LANE
Suite, Apt. #, etc.
Box 454

3. Mailing Address
6849 W. COLONIAL DRIVE
Suite, Apt. #, etc.

20008798
DO NOT WRITE IN THIS SPACE

City & State
GENEVA, FLORIDA
Zip
32732

City & State
ORLANDO, FLORIDA
Zip
32818

4. FEI Number
59-2977357
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DAVIS, RONALD L.
Street Address (P.O. Box Number is Not Acceptable)
2648 SHAD LANE
Box 454
City
GENEVA FL Zip Code
32732

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, RONALD L. 2648 SHAD LANE, BOX 454 GENEVA, FLORIDA, 32732	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIS, APRIL SUE 5732 LAWDALE ROAD ORLANDO, FLORIDA, 32808	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Ronald L. Davis** **RONALD L. DAVIS (P)** **01-10-03** **407-748-0230**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)