

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L63802**

1. Entity Name

ALAN-MICHAEL VENTURES, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90360 046 ***150.00

80033755



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1054 MONTGOMERY ROAD ALTAMONTE SPRINGS FL 32714		Mailing Address 1054 MONTGOMERY ROAD ALTAMONTE SPRINGS FL 32714	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2999299	Applied For ☐ Not Applicable
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6. Name and Address of Current Registered Agent ZATORSKI, RICHARD ALAN 1054 MONTGOMERY ROAD ALTAMONTE SPRINGS FL 32714	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State Zip Code
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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 fee collector) (NOTE: Registered Agent's signature required when relinquishing) 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, 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ZATORSKI, RICHARD ALAN 2450 PLEASANT DRIVE LONGWOOD FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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)(f), 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: Richard Alan Zatorski **RICHARD ALAN ZATORSKI** 4-23-01 (407) 788-6331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Declared Proper

CR2E034 (10/00)